No. **C 99349**	**Due no later than Aug 31, 2011** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MAGIC VALLEY SURGERY CLINIC, P.A. DR. STEPHEN E. SCHMID 775 POLE LINE RD W #215 TWIN FALLS ID 83301	DR. STEPHEN E. SCHMID 775 POLE LINE RD W # 215 TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	STEPHEN E SCHMID	775 POLE LINE RD W # 215	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 99349**	Signature: Patty Robbins	Date: 09/02/2011
	Name (type or print): Patty Robbins	Title: Office Manager

Processed 09/02/2011

* Electronically provided signatures are accepted as original signatures.