

No. C 99349

Due no later than August 31, 2008

Annual Report Form

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MAGIC VALLEY SURGERY CLINIC, P.A.  
DR. STEPHEN E. SCHMID  
630 ADDISON AVE W STE 230  
TWIN FALLS, ID 83301

2. Registered Agent and Office NO PO BOX

DR. STEPHEN E. SCHMID  
630 ADDISON AVE W STE 230  
TWIN FALLS, ID 83301

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held

Name

Street or P.O. Address

City

State

Zip

President Stephen E. Schmid 630 Addison Ave #230 Twin Falls ID 83301

Secretary Kathryn Schmid 630 Addison Ave #230 Twin Falls, ID 83301

5. Organized Under the Laws of:  
IDAHO  
C 99349

6.

Signature

Date

Name (Typed or Printed)

Title

*Stephen E Schmid*  
Stephen E Schmid

6/17/08

Owner

Issued 06/02/2008

Do Not Tape or Staple

200808001075