| No. W 73264 | | Due no later than Apr 30, 2018 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|------------------------------------|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | BRUCE MCCOMAS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Add | CONTRACTOR (N. 1921) | 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301 | | | | |
| | | SOUTHERN IDAHO GENERAL SURGERY, PLLC BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301 | | | | | | |
| | | | | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | MBER BRUCE MCCOMAS | | 775 POLELINE RD W. | TWIN FALLS | ID | | 83301 | |
| MEMBER RONALD W B | | BLAIR DO PC | PO BOX 1293 | TWIN FALLS | ID | | 83303-1293 | |
| MEMBER JAROM F LAMB MD | | AMB MD | 775 POLELINE RD W, STE 212 | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 73264 | | Signature: B C McComas | | | Date: 03/01/2018 | | | |
| | | Name (type or print): B C McComas | | | Title: Secretary | | | |
| Processed 03/01/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |