

# REINSTATEMENT

INSTRUCTIONS ON REVERSE SIDE

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |
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| <p>No. <b>048521</b></p> <p>Return To<br/>         Secretary of State<br/>         Room 203, Statehouse<br/>         Boise, ID 83720</p> <p>RECEIVED<br/>         Forfeited 12/1/88<br/>         Reinstatement Fee:<br/> <b>90 FEB 26 1990 9 04</b></p> | <p><b>Idaho Corporation Annual Report Form</b></p> <p>Due No Later Than November 1, 1990</p> <p>1. Mailing Address — <i>Please Correct</i></p> <p><b>SURGICAL ASSOCIATES, INC.</b><br/> <b>Dean E. Sorensen</b><br/> <b>333 North 1st, Suite 120</b><br/> <b>Boise, Idaho 83702</b></p> | <p>2. Registered Agent and Office</p> <p><b>Dean E. Sorensen, M.D.</b><br/> <b>333 North First, Suite 120</b><br/> <b>Boise, Idaho 83702</b></p> <p>3. Incorporated Under The Laws<br/>         of<br/> <b>IDAHO</b></p> |
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## 4. Names and Addresses of Officers and Directors

|            | Name                   | Street or P.O. Address | City   | State | Zip   |
|------------|------------------------|------------------------|--------|-------|-------|
| President: | Dean E. Sorenson, M.D. | 333 N. 1st, Suite 120  | Boise, | Idaho | 83702 |
| Secretary: | Dean E. Sorenson, M.D. | 333 N. 1st, Suite 120  | Boise, | Idaho | 83702 |
| Directors: | Dean E. Sorenson, M.D. | 333 N. 1st, Suite 120  | Boise, | Idaho | 83702 |

## 5. Nature of Business

Medical

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

*Dean E. Sorensen*  
**DEAN E. SORENSON**

Date

Title

**2/22/90**  
**Owner**