

No. C 99349	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct MAGIC VALLEY SURGERY CLINIC, DR. BRUCE C. MCCOMAS 496 C SHOUP AVE WEST TWIN FALLS ID 83301		DR. BRUCE C. MCCOMAS 496 C SHOUP AVE WEST TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C 99349																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRES/TREA</td> <td>DR. STEPHEN E. SCHMID</td> <td>496C SHOUP AVE. W.</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>KATHRYN P. SCHMID</td> <td>496C SHOUP AVE. W.</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRES/TREA	DR. STEPHEN E. SCHMID	496C SHOUP AVE. W.	TWIN FALLS	ID	83301	SECRETARY	KATHRYN P. SCHMID	496C SHOUP AVE. W.	TWIN FALLS	ID	83301
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5.	6. Signature <u>Stephen E Schmid MD</u> Date <u>10/27/97</u> Name (Typed or Printed) <u>STEPHEN E. SCHMID</u> Title <u>PRES/TREA</u>																				

ISSUED: 10-04-1997

DO NOT TAPE OR STAPLE

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