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|--|-------------------|--|-------|---|------------------|-------------|
| No. C 175974 | | Due no later than Jan 31, 2011 | | 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 | | Annual Report Form | | MARGARET (PEGGY) MINNAERT 921 HOUSTON RD BOISE ID 83706 | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | |
| | | INDEPENDENT ANESTHESIA, P.A. DANIEL MINNAERT PO BOX 8327 BOISE ID 83707 | | | | |
| 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 |
| TREASURER | DANIEL MINNAERT | 921 HOUSTON RD. | BOISE | ID | USA | 83706 |
| PRESIDENT | MARGARET MINNAERT | 921 HOUSTON RD. | BOISE | ID | USA | 83706 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID C 175974 | | Signature: Daniel Minnaert | | | Date: 01/04/2011 | |
| | | Name (type or print): Daniel Minnaert | | | Title: Treasurer | |
| Processed 01/04/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | |