

No. **W 61762**

Due no later than April 30, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

BLAKE JENSEN DO
1182 FIREBIRD
TWIN FALLS, ID 83301

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

JENSEN ANESTHESIA, P.L.L.C.
BLAKE JENSEN DO
1182 FIREBIRD
TWIN FALLS, ID 83301

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

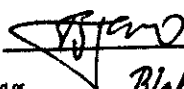
Zip

Member *Blake Jensen, DO* *1182 Firebird Circle*
Twin Falls, ID 83301

5. Organized Under the Laws of:
IDAHO
W 61762

6.

Signature



Date

3-1-08

Name (Typed or Printed)

Blake Jensen, DO

Title

Member

Issued 02/01/2008

Do Not Tape or Staple

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