No. W 61762

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

**Due no later than April 30, 2008**

**Annual Report Form**

1. Mailing Address - Correct in this box, if applicable

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

2. Registered Agent and Office NO PO BOX

BLAKE JENSEN DO
1182 FIREBIRD
TWIN FALLS, ID 83301

3. New Registered Agent Signature

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<br>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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