No. **C 190006**	**Due no later than Feb 28, 2014**	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** **1. Mailing Address: Correct in this box if needed.** 3 PEAKS ANESTHESIA, INC. H. MICHAEL ADAMS 217 N 165 W BLACKFOOT ID 83221 USA	H MICHAEL ADAMS 217 N 165 W BLACKFOOT ID 83221 3. New Registered Agent Signature:*

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
PRESIDENT	H. MICHAEL ADAMS	217 N 165 W	BLACKFOOT	ID	USA	83221-5780

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 190006**	Signature: H. Michael Adams	Date: 12/20/2013
	Name (type or print): H. Michael Adams	Title: President

Processed 12/20/2013

* Electronically provided signatures are accepted as original signatures.