

No. C 88306		Due no later than Dec 31, 2012		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. BOISE ANESTHESIA, P.A. BONNIE STARR BONNIE.STARR@ANESTHESIALLC.COM 8905 SW NIMBUS AVE #300 BEAVERTON OR 97008 USA		JOSEPH H UBERUAGA II 1111 W JEFFERSON SUITE 530 BOISE ID 83702		
				3. <u>New</u> 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
DIRECTOR	STEPHEN PACKER	1055 N CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	MELBIHESS ERIC	1055 N CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	JOHN MARTIN	1055 N CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	KEVIN KARTCHNER	1055 N CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	JASON JENKINS	1055 N CUTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	SHELLEY JACKS	1055 N CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	MICHAEL GOLD	1055 N CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	PATRICIA GAHERTY	1055 N CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	DONALD FOX	1055 N. CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	MATTHEW FOWLER	1055 N. CURTIS ROAD	BOISE	ID	USA	83706
SECRETARY	STEVEN REID	1055 N. CURTIS ROAD	BOISE	ID	USA	83706
PRESIDENT	ANDREW R COHEN	1055 N. CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	DANIEL GRANGE	1055 N CURTIS ROAD	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID C 88306		6. Annual Report must be signed.* Signature: Bonnie Starr Name (type or print): Bonnie Starr Date: 12/27/2012 Title: Practice Management Acct Mgr				
Processed 12/27/2012		* Electronically provided signatures are accepted as original signatures.				