

No. **W 35403**

Due no later than **December 31, 2005**

**Annual Report Form**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable  
GREY MOUNTAIN ANESTHESIA SERVICES,  
1921 EVERGREEN RD 3024 Samuels Rd.  
SANDPOINT, ID 83864

2. Registered Agent and Office **NO PO BOX**

GENE JAMES TORTORELLA  
1921 EVERGREEN RD 3024 Samuels Rd.  
SANDPOINT, ID 83864

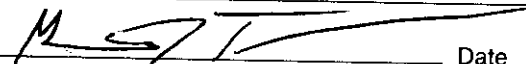
**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Owner</u> <u>Member</u>	Dr. Gene Tortorella	3024 Samuels Road	Sandpoint	ID	83864

5. Organized Under the Laws of:  
**IDAHO  
W 35403**

6. Signature  Date **10-26-05**

Name (Typed or Printed) **Gene J. Tortorella M.D.** Title **Doctor**

Issued 10/03/2005

**Do Not Tape or Staple**

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