

No. W 24143

Due no later than May 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

RIVER CITY ANESTHESIA ASSOCIATES, P
RON ROCK
1593 E POLSTON AVE
POST FALLS, ID 83854

RON ROCK
1593 E POLSTON AVE
POST FALLS, ID 83854

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Manager Ron Rock

1593 E. Polston Ave.

Post Falls

ID

83854

Printed: Ron Rock

Title: Manager

ized Under the Laws of:

IDAHO

6.

Signature

Date 3-17-08