

No. C 118405	Due no later than Feb 29, 2008 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. KEZELE ANESTHETICS, P.C. JOHN T KEZELE 104 N BEAR RIVER BLUFFS PRESTON ID 83263		JOHN T KEZELE 104 N BEAR RIVER BLUFFS PRESTON ID 83263			
			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
PRESIDENT	JOHN T KEZELE	104 BEAR RIVER BLUFF	PRESTON	ID	USA	83263
SECRETARY	MARCIA G KEZELE	104 BEAR RIVER BLUFF	PRESTON	ID	USA	83263
5. Organized Under the Laws of: ID C 118405	6. Annual Report must be signed.* Signature: John T. Kezele Name (type or print): John T. Kezele		Date: 12/10/2007 Title: President			
Processed 12/10/2007		* Electronically provided signatures are accepted as original signatures.				