No. C 106717		Due no later than Jun 30, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. VALLEY ANESTHESIA, P.A. 415 6TH ST LEWISTON ID 83501		FRANK D HO III 3526 7TH ST LEWISTON ID 83501 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
200	nes and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TOM BOUBEL		L	1789 RIVER CANYON DR.	CLARKSTON	WA	USA	99403	
PRESIDENT FRANK DITT		O, III	3526 7TH ST	LEWISTON	ID	USA	83501	
PRESIDENT LARRY P DAVIS		VIS	3020 24TH STREET	CLARKSTON	WA	USA	99403	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Amy Pratt		Date: 07/09/2010				
C 106717		Name (type or print): Amy Pratt		Title: Accountant				
Processed 07/09/2010	* Electronically provided signatures are accepted as original signatures.							