No. <b>C 208129</b>		Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON		Annual Report Form  1. Mailing Address: Correct in this box if needed.  DANIEL ANESTHESIA, PC BEAU DANIEL 2978 E SANDY DR IDAHO FALLS ID 83401		BEAU DANIEL 2978 E SANDY DR IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
PO BOX 83720 BOISE, ID 83720-0080	BEAU DAN 2978 E SA						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	d Business Addresses	s of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT BEAU	PRESIDENT BEAU S DANIEL		IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:  6. Annual Report must be signed.*		eport must be signed.*					
ID	Signature	Signature: Beau S Daniel		Date: 11/27/2017			
C 208129	Name (typ	Name (type or print): Beau S Daniel		Title: Mr			
Processed 11/27/2017	* Electronica	* Electronically provided signatures are accepted as original signatures.					