

No. W 15085

Due no later than April 30, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

KIRK A MILLER MD
600 ROBBINS RD STE 401
BOISE, ID 83702

Return to:

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

1. Mailing Address - Correct in this box. If applicable

INTERMOUNTAIN AMBULATORY ANESTHESIA
KIRK A MILLER
600 ROBBINS RD STE 401
BOISE, ID 83702

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	KIRK MILLER MD	600 N Robbins Rd	BOISE	ID	83702

5. Organized Under the Laws of:
IDAHO
W 15085

6.

Signature



Date

2/12/07

Name (Typed or Printed)

KIRK A MILLER

Title

MANAGER

Issued 02/01/2007

Do Not Tape or Staple

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