lo. C11768	6	Annual Report Form 1.) ⊃ 7 2 Registered Ag	ent and Office NOT A P.O BOX	
Return to:		Due No Later Than November 30, 1 Mailing Address Please Correct, If Not Correct		ATION SERVICE CO	
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		NORTH IDAHO ANESTHESIA PC	200 N 3	23RD ST	
		2605 MT VIEW DR	BOISE	10 83702	
NO FEE REQUIRE	D	LOOP IN VIEW OR	3. Organized Un	3. Organized Under the Laws of	
* FIRST NOT	ICE *	SANDPOINT ID 83864	ID	C117684	
Corporations: Ente Limited Liability Co	r Names and lompanies: Ente	Business Addresses of President, Secretary and Directors of Names and Addresses of Amanagers or American Managers	ors nbers (check one)		
Office held	Name	Street or P.O. Address	City	State Zip	
REGIOENT	PAUL ?	ECUFORIS 2605 HTUITUDA	3 ANDROW,	१०.	
REGIOENT	PAUL ?	ECUFORIS 2605 MTUITUBA	3 4 прий,	१० १३ <i>५</i>	
RESIDENT	PAUL ?	6. Signature Parly			
Resident		6.	Date	25 mg 87	