

No. <b>C 192094</b>		<b>Due no later than Aug 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MCGARRIGLE ANESTHESIOLOGY, P.C. RON MCGARRIGLE MD 4175 N 2300 E FILER ID 83328		RON MCGARRIGLE MD 4175 N 2300 E FILER ID 83328			
				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	RON MCGARRIGLE	4175N 2300E	FILER	ID	USA	83328	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 192094</b>		Signature: Ron McGarrigle				Date: 06/16/2013	
		Name (type or print): Ron McGarrigle				Title: President	
Processed 06/16/2013		* Electronically provided signatures are accepted as original signatures.					