No. **W 29999**	**Due no later than Apr 30, 2005** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ROBERT L. ELLISON ANESTHESIA, PLLC ROBERT L . ELLI 1028 COMPTON CT MOSCOW ID 83843 0000	ROBERT L ELLISON 1028 COMPTON CT MOSCOW ID 83843 0000 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ROBERT L ELLISON	1028 COMPTON CT	MOSCOW	ID		83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 29999**	Signature: Robert L Ellison	Date: 05/06/2005
	Name (type or print): Robert L Ellison	Title: member

Processed 05/06/2005

* Electronically provided signatures are accepted as original signatures.