

No. W 54452

Due no later than September 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PROFESSIONAL ANESTHESIA SERVICES, P
3510 NE JUNE LANE
MOUNTAIN HOME, ID 83647

JULIE BENZIE
3510 NE JUNE LANE
MOUNTAIN HOME, ID 83647

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

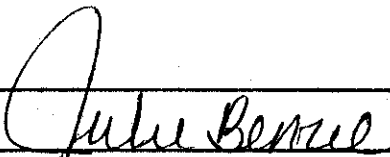
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	President Julie Benzie	3510 NE June Lane	Mtn Home	Id	83647

5. Organized Under the Laws of:

IDAHO
W 54452

6.

Signature



Date

7-11-08

Name (Typed or Printed)

Julie Benzie

Title

President