

No. <b>C 180704</b>		<b>Due no later than Nov 30, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PEDERSEN ANESTHESIOLOGY, P.C. BLAKE E PEDERSEN 2757 CARRIAGE WAY TWIN FALLS ID 83301		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
				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	BLAKE E PEDERSEN	2757 CARRIAGE WAY	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 180704</b>		Signature: Blake Pedersen				Date: 09/23/2015	
		Name (type or print): Blake Pedersen				Title: President	
Processed 09/23/2015		* Electronically provided signatures are accepted as original signatures.					