

No. C 154727		Due no later than May 31, 2016 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. DREAM TEAM ANESTHESIA, P.C. KENDALL MILLER %KENDALL C MILLER 680 NORTH 1100 EAST JACKSON ID 83350		KENDALL C MILLER 680 NORTH 1100 EAST JACKSON ID 83350			
				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	KENDALL C MILLER	680 NORTH 1100 EAST	JACKSON	IR	USA	83350	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 154727		Signature: Kendall Miller				Date: 04/27/2016	
		Name (type or print): Kendall Miller				Title: President	
Processed 04/27/2016		* Electronically provided signatures are accepted as original signatures.					