

No. C106717	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct VALLEY ANESTHESIA, P.A. 504 MAIN ST STE 444 LEWISTON ID 83501		LYNDAL E STOUTIN 504 MAIN ST STE 444 LEWISTON ID 83501																									
			3. Organized Under the Laws of: ID C106717																									
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors . Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>DIRECTOR</td> <td>LARRY P. DAVIS</td> <td>3020 24TH ST.</td> <td>CLARKSON</td> <td>WA</td> <td>99403</td> </tr> <tr> <td>STOCKHOLDER</td> <td>LYNDAL E. STOUTIN</td> <td>176 HILLCREST</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>"</td> <td>CRAIG G. FLINDERS</td> <td>3211 4TH ST.</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	DIRECTOR	LARRY P. DAVIS	3020 24TH ST.	CLARKSON	WA	99403	STOCKHOLDER	LYNDAL E. STOUTIN	176 HILLCREST	LEWISTON	ID	83501	"	CRAIG G. FLINDERS	3211 4TH ST.	"	"	"
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5. NATURE OF BUSINESS MEDICAL SERVICES		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>X Larry P. Davis</u> Date <u>7-10-96</u> Name (Typed or Printed) <u>LARRY P. DAVIS</u> Title <u>DIR/STKHLDR</u>																										

ISSUED: 07-06-1996

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