No. <b>C 190005</b>	Due no later than Feb 28, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if needed.  SAGE CREEK ANESTHESIA, INC. BLAKE G PURCELL 216 N 300 W BLACKFOOT ID 83221	BLAKE G PURCELL 216 N 300 W BLACKFOOT 83221  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	iness Addresses of President, Secretary, and Directors. Treasurer	reacurer (entional)			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT BLAKE G SECRETARY DIANA C	PURCELL 216 N 300 W	BLACKFOOT BLACKFOOT	ID ID	USA USA	83221 83221
5. Organized Under the Laws of:  ID  C 190005	6. Annual Report must be signed.* Signature: Diana Purcell Name (type or print): Diana Purcell	Date: 12/16/2014 Title: secretary			
Processed 12/16/2014	* Electronically provided signatures are accepted as original signatures.				