

ISSUED: 07-05-1994

No. 02905	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																					
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>P.O. BOX 83720</b> <b>Boise, ID 83720-0080</b> * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		JAMES T. ANNEST, M.D. 2014 MOUNTAIN VIEW CIRCLE  TWIN FALLS ID 83301																					
	1. Mailing Address — JAMES T. ANNEST, M.D., P.A. JAMES T. ANNEST, M.D. 2014 MOUNTAIN VIEW CIRCLE  TWIN FALLS ID 83301		3. Incorporated Under The Laws of ID NO: 62905																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: James T. Annest, MD</td> <td>2014 Mtn View Cir.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors: &gt; None</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: James T. Annest, MD	2014 Mtn View Cir.	Twin Falls	ID	83301	Secretary:					Directors: > None				
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Secretary:																								
Directors: > None																								
5. Nature of Business Practice of Medicine Anesthesiology		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>James T. Annest, MD</td> <td>9/27/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>James T. Annest, MD</td> <td>President</td> </tr> </table>			Signature	Date	James T. Annest, MD	9/27/94	Name (Typed or Printed)	Title	James T. Annest, MD	President												
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