

No. **C 106717**

Due no later than Jun 30, 2001

Annual Report Form

2. Registered Agent and Office **NO PO BOX**LYNDAL E STOUTIN
504 MAIN ST STE ~~XXX~~ 360

LEWISTON, ID 83501

3. New Registered Agent Signature

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-00801. Mailing Address - Correct in this box, if applicable
VALLEY ANESTHESIA, P.A.504 MAIN ST STE ~~404~~ 360

LEWISTON, ID 83501

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	LARRY DAVIS M.D.	3020 24TH ST.	CLARKSTON	WA	99403
V. PRES.	J. THOMAS GRISSOM M.D.	4081 FAIRWAY	LEWISTON	ID	83501
2ND V.P.	LYNDAL STOUTIN M.D.	175 HILLCREST	LEWISTON	ID	83501
3RD V.P.	GARY HAAS D.O.	3505 COUGAR RIDGE DR.	LEWISTON	ID	83501
SEC/TREAS.	CRAIG FLINDERS M.D.	2556 BURSELL DR.	CLARKSTON	WA	99403

5. Organized Under the Laws of:

IDAHO
C 106717

6.

Signature

Date

Title:

Name (Typed or Printed)

J. Thomas Grissom M.D.
~~XXXX~~4/18/99
vice president

1993