No. C 190006	D	ue no later than Feb 29, 2016	2. Regis	Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	3 PEAKS ANE H. MICHAEL 478 E 700 N	Annual Report Form 1. Mailing Address: Correct in this box if needed. 3 PEAKS ANESTHESIA, INC. H. MICHAEL ADAMS 478 E 700 N		H MICHAEL ADAMS 478 E 700 N FIRTH ID 83236			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and		FIRTH ID 83236 3. New Registered Agent Signature:* ness Addresses of President, Secretary, and Directors. Treasurer (optional).		ignature:↑			
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT H. MI	CHAEL ADAMS	478 E 700 N	FIRTH	ID	USA	83236	
5. Organized Under the Laws of: ID C 190006	Signature: H	6. Annual Report must be signed.* Signature: H. Michael Adams Name (type or print): H. Michael Adams		Date: 01/22/2016 Title: President			
Processed 01/22/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					