

No. <b>C 106717</b>		<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  VALLEY ANESTHESIA, P.A. AMY PRATT PO BOX 97 GLADSTONE OR 97027		TALMADGE CAVIHESS 2420 SEAPORT DR LEWISTON ID 83501			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	TOM BOUBEL	1789 RIVER CANYON DR.	CLARKSTON	WA	USA	99403	
TREASURER	LARRY P DAVIS	2310 DEER POINTE DR	CLARKSTON	WA	USA	99403	
DIRECTOR	EDWARD A VIVIAN	1604 KRESTEL DR	CLARKSTON	WA	USA	99403	
5. Organized Under the Laws of:  <b>ID</b> <b>C 106717</b>		6. Annual Report must be signed.*  Signature: Amy Pratt Name (type or print): Amy Pratt					
		Date: 07/20/2015 Title: Accountant					
Processed 07/20/2015      * Electronically provided signatures are accepted as original signatures.							