No. **C 154727**	**Due no later than May 31, 2008** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** DREAM TEAM ANESTHESIA, P.C. %KENDALL C MILLER 63 PELICAN DR RUPERT ID 83350	KENDALL C MILLER 63 PELICAN DR RUPERT ID 83350 3. New 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
PRESIDENT	KENDALL C MILLER	63 PELICAN DR	RUPERT	IR	USA	83350

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 154727**	Signature: Kendall C. Miller	Date: 06/05/2008
	Name (type or print): Kendall C. Miller	Title: President

Processed 06/05/2008

* Electronically provided signatures are accepted as original signatures.