

No. C115446	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct ANESTHESIA ASSOCIATES OF POC C MICHAEL REECE PO BOX 4107 POCATELLO ID 83205		C MICHAEL REECE 120 N 12TH AVE POCATELLO ID 83205	
	3. Organized Under the Laws of: ID C115446			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	C. Michael Reece	P.O. Box 4107	Pocatello	ID 83205
Secretary	Philip J. Knox	"	"	"
- Treasurer				
Director	Patrick E. Farrell	"	"	"
(All 3 are directors)				
5. NATURE OF BUSINESS MEDICAL		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>C. Michael Reece</u> Date <u>7-17-96</u> Name (Typed or Printed) <u>C. Michael Reece</u> Title <u>President</u>		

ISSUED: 07-06-1996