

No. C 106717		Due no later than Jun 30, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. VALLEY ANESTHESIA, P.A. 415 6TH ST LEWISTON ID 83501		FRANK D HO III 3526 7TH ST 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
DIRECTOR	EDWARD A VIVIAN	1604 KRESTEL DR	CLARKSTON	WA	USA	99403
SECRETARY	TOM BOUBEL	1789 RIVER CANYON DR.	CLARKSTON	WA	USA	99403
PRESIDENT	FRANK DITTO, III	3526 7TH ST	LEWISTON	ID	USA	83501
TREASURER	LARRY P DAVIS	2310 DEER POINTE DR	CLARKSTON	WA	USA	99403
5. Organized Under the Laws of: ID C 106717		6. Annual Report must be signed.* Signature: Amy Pratt Name (type or print): Amy Pratt Date: 04/28/2011 Title: Accountant				
Processed 04/28/2011		* Electronically provided signatures are accepted as original signatures.				