

No. <b>C 176238</b>	<b>Due no later than Dec 31, 2010</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> STIEBS & MUNYER ANESTHESIA, P.C. TRENT MUNYER 4193 WEST WOODHAVEN LOOP COEUR D'ALENE ID 83814 USA		TRENT MUNYER 4193 WEST WOODHAVEN LOOP COEUR D'ALENE ID 83814			
			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	KRISTINA K STIEBS	4193 WEST WOODHAVEN LOOP	COEUR D'ALENE	ID	USA	83814
DIRECTOR	TRENT MUNYER	4193 WEST WOODHAVEN LOOP	COEUR D'ALENE	ID	USA	83814
SECRETARY	KRISTINA K MUNYER	4193 W WOODHAVEN LOOP	COEUR D ALENE	ID	USA	83814
PRESIDENT	TRENT S MUNYER	4193 W WOODHAVEN LOOP	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID</b> <b>C 176238</b>	6. Annual Report must be signed.* Signature: Trent Munyer Name (type or print): Trent Munyer		Date: 01/21/2011 Title: President			
Processed 01/21/2011		* Electronically provided signatures are accepted as original signatures.				