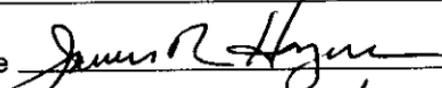


No. <b>C 112176</b>	<b>Due no later than Sep 30, 2001</b>		2. Registered Agent and Office <b>NO PO BOX</b>		
Return to: <b>SECRETARY OF STATE</b> 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable <del>ANESTHESIA ASSOCIATES OF WOOD RIVER</del> <b>JAMES R HAGUE, MD</b> PO BOX 3333  HAILEY, ID 83333		<b>JAMES R HAGUE MD</b> <b>650 KINTAIL</b>  HAILEY, ID 83333		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	<b>JAMES R HAGUE</b> President	P.O. Box <del>1457</del> 3333	Hailey	ID	83333
5. Organized Under the Laws of:  IDAHO C 112176		6. Signature  Date <b>9/20/01</b> Name <small>(Typed or Printed)</small> <b>JAMES R HAGUE</b> Title <b>President</b>			