	The state of the s	terms in the second control of the	المراجع والمامان المامان المراجع والمامان	
No. C 140283	Due no later than August 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box. if applicable COLEMAN PROFESSIONAL ANESTHESIA SER KEVIN COLEMAN 5056 W BANKER DR BOISE, ID 83714		2. Registered Agent and Office NO PO BOX KEVIN COLEMAN 5056 W BANKER DR BOISE, ID 83714	
etum to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080				
O FILING FEE IF ECEIVED BY DUE DATE		1	New Registered Ag	ent Signature
Corporations: Enter Na	mes and Business Addresses of Preside	nt Secretary	and Dissets	
office held Name esident Kevin Cole	Street or P.O. Address	City	and Directors. <u>State</u>	<u>Zlp</u>
7,55. 7 40(Street or P.O. Address EMan S056 W. Banker Dr	Boise	10	83714
Organized Under the Laws of: IDAHO C 140283	6. Signature Name Printed (Typed or KEVIN Co.)	leman	Date <u> 6 · ·</u>	707
Issued 06/01/2007	Do Not Tape or Staple			8002454