No. <b>W 18822</b>	Due no later than Apr 30, 2011		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		MARK L PETERSEN MD				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  TETON ANESTHESIA INVESTMENT GROUP, L.L.C.  MARK L PETERSEN  1945 E 17TH ST		1945 E 17TH ST IDAHO FALLS ID 83404				
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO FALLS ID 8	33404	3. <u>New</u> Registere	ed Agent S	ignature:*		
4. Limited Liability Companies: Enter N	ames and Addresses of a	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER STEVEN V KLIPPERT MC MEMBER MARK L PETERSEN MD MEMBER KEITH W SCHEUERMANN MD		5556 S 45TH E 2940 Balboa Dr 756 S Foothill Dr	IDAHO FALLS IDAHO FALLS IDAHO FALLS	ID ID ID	USA USA USA	83401 83404 83401	
5. Organized Under the Laws of: 6. Annual Report mu		t be signed.*					
ID	Signature: Mark L.	Signature: Mark L. Petersen		Date: 02/10/2011			
W 18822	Name (type or print): Mark L. Petersen		Title: Member/manager				
Processed 02/10/2011	* Electronically provided signatures are accepted as original signatures.						