No. <b>C 177281</b>				2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CASEY JOHNSON 5931 W HIGHLAND DR COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		ACADIAN HERITAGE ANESTHESIA SERVICES, PA CASEY J JOHNSON 5931 W HIGHLAND DR COEUR D ALENE ID 83814						
		COEUR D'ALENE ID 63614		Negistered	Agent	griature.		
RECEIVED BY DUE DATE								
4. Corporations: Enter N	lames and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT CASEY J JOH		HNSON	5931 W. HIGHLAND DR.		COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 177281		Signature: Casey J. Johnson			Date: 04/04/2010			
		Name (type or print): Casey J. Johnson				Title: President		
Processed 04/04/2010		* Electronically provided signatures are accepted as original signatures.						