No. **W 3040**

Due no later than October 31, 2005

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable

ANESTHESIOLOGY CONSULTANTS OF TREAS
JOHN G. MIGLIORI, M.D.
PO BOX 418
BOISE, ID 83701

2. Registered Agent and Office **NO PO BOX**

JOSEPH H UBERUAGA II
300 N 6TH ST
BOISE, ID 83702

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
MANAGER	JOHN G. MIGLIORI MD	PO BOX 418	BOISE	ID	83701-0418

5. Organized Under the Laws of:
IDAHO
W 3040

6. Signature John G Migliori MD Date 8/7/05

Name (Typed/Printed) JOHN G. MIGLIORI MD Title MANAGER

Issued 08/01/2005

Do Not Tape or Staple

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