

No. <b>C 154727</b>	<b>Due no later than May 31, 2011</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> DREAM TEAM ANESTHESIA, P.C. KENDALL MILLER %KENDALL C MILLER 63 PELICAN DR RUPERT ID 83350	KENDALL C MILLER 63 PELICAN DR RUPERT ID 83350	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	KENDALL C MILLER	63 PELICAN DR	RUPERT IR USA 83350
5. Organized Under the Laws of:  <b>ID C 154727</b>	6. Annual Report must be signed.* Signature: Kendall Miller Name (type or print): Kendall Miller		Date: 03/31/2011 Title: President
Processed 03/31/2011		* Electronically provided signatures are accepted as original signatures.	