Annual Report Form 19 98
Due No Later Than November 30,

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

**NO FEE REQUIRED**

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

TETON ANESTHESIA ASSOCIATES,
MARK L PETERSEN
1665 CLAREMONT LN

IDAHO FALLS ID 83404

2. Registered Agent and Office **NOT A P.O. BOX**

MARK L PETERSEN
1665 CLAREMONT LN

IDAHO FALLS ID 83404

3. Organized Under the Laws of:

ID W 3245

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☑ **Managers** or ☑ **Members** (check one)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| Member | Mark Petersen | 1666 S Claremont Lane | Idaho Falls | ID | 83404 |
| Member | Keith Scheuermann | 756 So Foothill Rd | Idaho Falls | ID | 83401 |
| Manager | Stephen V Klippert | 5556 So. 45th E. | Idaho Falls | ID | 83406 |

5. Signature of New Registered Agent

6.

Signature Stephen V. Klippert Date 21 July 98

Name (Typed or Printed) Stephen V Klippert Title Manager

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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