

No. **W 22199**

**Due no later than January 31, 2005
Annual Report Form**

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

Return to:

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

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

EAGLE ROCK ANESTHESIA, PLLC
SCOTT NELSON
187 WOODHAVEN PLACE
IDAHO FALLS, ID 83404

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187 WOODHAVEN PLACE
IDAHO FALLS, ID 83404

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

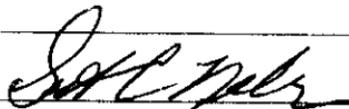
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Pics</i>	<i>SCOTT NELSON</i>	<i>187 woodhaven place</i>	<i>Idaho Falls</i>	<i>ID</i>	<i>83404</i>

5. Organized Under the Laws of:

IDAHO
W 22199

6.

Signature



Date

1-18-05

Name (Typed or Printed)

SCOTT C NELSON

Title

Pics