

No. C 140650	Due no later than September 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX ALLAN R BOSCH 225 N 9TH ST STE 210 BOISE, ID 83702	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ORTHOPEDIC AMBULATORY ANESTHESIA, P MARGARET KASPAR 805 E ROOSTER CT EAGLE, ID 83616		3. New Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
Pres	Margaret Kaspar	655 E Rooster Ct	Eagle	ID 83616
Secy	Monty Marchus	"	"	"
Director	Margaret Kaspar	"	"	"
5. Organized Under the Laws of: IDAHO C 140650		6. Signature <u>Margaret Kaspar</u> Date <u>7/16/08</u> Name (Typed or Printed) <u>Margaret Kaspar</u> Title <u>PRES</u>		

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Do Not Tape or Staple

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