

No. C 118405	Due no later than Feb 28, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX JOHN T KEZELE 104 N BEAR RIVER BLUFFS PRESTON, ID 83263
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 KEZELE ANESTHETICS, P.C. 104 N BEAR RIVER BLUFFS PRESTON, ID 83263	3. <u>New</u> 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>	<u>Zip</u>
Pres.	JOHN T. KEZELE	104 N. BEAR RIVER BLUFFS	PRESTON	ID	83263
Sec/Treas.	MARCIA KEZELE	104 N. BEAR RIVER BLUFFS	PRESTON	ID	83263

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 118405 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <u>John T Kezele</u> </td> <td style="width: 40%;"> Date <u>12/16/2000</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>JOHN T KEZELE</u> </td> <td> Title: <u>President</u> </td> </tr> </table>	Signature <u>John T Kezele</u>	Date <u>12/16/2000</u>	Name <small>(Typed or Printed)</small> <u>JOHN T KEZELE</u>	Title: <u>President</u>
Signature <u>John T Kezele</u>	Date <u>12/16/2000</u>				
Name <small>(Typed or Printed)</small> <u>JOHN T KEZELE</u>	Title: <u>President</u>				