| No. <b>C 85455</b>  | Due no later than Dec 31, 2017  |                      | 2. Registered A        | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|---|---|----------------------|------------------------|---|---------|-------------|--|
| Return to:  |   | Annual Report Form   | ROBERT P               |   |         |             |  |
| SECRETARY OF STATE  | 1. Mailing Address: Correct in this box if needed.  IDAHO ANESTHESIA, P.A.  ROBERT P KINGHORN  76 HORSESHOE CIR |                      |                        | 76 HORSESHOE CIR<br>JEROME ID 83338         |         |             |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |   |                      | JEROME ID              |   |         |             |  |
|   | JEROME ID 83338   |                      | 3. <u>New</u> Register | 3. New Registered Agent Signature:*         |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |   |                      |                        |   |         |             |  |
| 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 ROBERT P KINGHORN 76 HORSESHOE CR.  |   | JEROME               | ID                     | USA   | 83338   |             |  |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.*  |   |                      |                        |   |         |             |  |
| ID  | bbert P Kinghorn  |                      | Date: 12/01/2017       |   |         |             |  |
| C 85455   | Name (type o  |                      | Title: President       |   |         |             |  |
| Processed 12/01/2017  | * Electronically provided signatures are accepted as original signatures.                                       |                      |                        |   |         |             |  |