

No. C 140283

Due no later than August 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

COLEMAN PROFESSIONAL ANESTHESIA SER
KEVIN COLEMAN
5056 W BANKER DR
BOISE, ID 83714

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5056 W BANKER DR
BOISE, ID 83714

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	KEVIN COLEMAN	5056 W. BANKER DR	BOISE	ID	83714

5. Organized Under the Laws of:
IDAHO
C 140283

6.

Signature

Date 6-11-08

Name (Typed or Printed)

KEVIN COLEMAN

Title OWNER/PRESIDENT