

No. 44308

## Idaho Corporation Annual Report Form

Due No Later Than November 1,

2. Registered Agent and Office **NOT A P.O. BOX**

Return To

Secretary of State  
Room 203, Statehouse  
Boise, ID 837201. Mailing Address: *Print or Type Name and Address*ANESTHESIA ASSOCIATES OF BOISE,  
T. J. SULLIVAN  
111 WEST STATE STREETT. J. SULLIVAN  
111 WEST STATE ST

BOISE ID 83702

★ FIRST NOTICE ★  
NO FEE REQUIRED

BOISE

ID 83702

3. Incorporated Under The Laws  
of

ID

NO: 44308

## 4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

|            | <u>Name</u>           | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|------------|-----------------------|-------------------------------|-------------|--------------|------------|
| President: | Loren G. Hinger, M.D. | 111 W. State                  | Boise       | Idaho        | 83702      |
| Secretary: | David S. Smith, M.D.  | 111 W. State                  | Boise       | Idaho        | 83702      |
| Directors: | Terry J. Keller, M.D. | 111 W. State                  | Boise       | Idaho        | 83702      |

## 5. Nature of Business

Medical

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Loren G. Hinger, M.D.

Date

Title

8/9/93  
President