

No. C 140650		Due no later than Sep 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ORTHOPEDIC AMBULATORY ANESTHESIA, P.A. MARGARET KASPAR 605 E ROOSTER CT EAGLE ID 83616 USA		ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702 USA			
				3. <u>New</u> Registered Agent Signature:*			
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	MARGARET H KASPAR	605 E. ROOSTER CT.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 140650		6. Annual Report must be signed.* Signature: Margaret Kaspar Name (type or print): Margaret Kaspar			Date: 07/28/2011 Title: Pres.		
Processed 07/28/2011		* Electronically provided signatures are accepted as original signatures.					