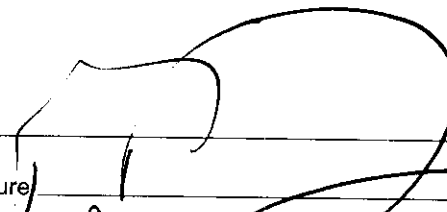


<b>No. W 1855</b>	<b>Due no later than Dec 31, 2000 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		PATRICK W FLYNN 1705 GOVERNMENT WAY  COEUR D'ALENE, ID 83814												
	ANESTHESIA ASSOCIATES OF COEUR D'AL PATRICK W FLYNN 1705 GOVERNMENT WAY  COEUR D'ALENE, ID 83814														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Patrick W. Flynn</td> <td>1705 Government Way</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Patrick W. Flynn	1705 Government Way	Coeur d'Alene	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Patrick W. Flynn	1705 Government Way	Coeur d'Alene	ID	83814										
5. Organized Under the Laws of:  IDAHO W 1855	6.  Signature _____ Date <u>01/08/01</u> Name <small>(Typed or Printed)</small> <u>PATRICK W. FLYNN</u> Title: <u>Manager</u> <del>XXXX</del>														