

No. C 149845		Due no later than Jul 31, 2016 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ANESTHESIA WEST P.A. CHAD FUGATE 2157 SATTERFIELD POCATELLO ID 83201		CHAD FUGATE 2157 SATTERFIELD POCATELLO ID 83201			
						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	CHAD FUGATE	2157 SATTERFIELD DR.	POCATELLO	ID	USA	83201-1891	
5. Organized Under the Laws of: ID C 149845		6. Annual Report must be signed.* Signature: Chad Fugate Name (type or print): Chad Fugate Date: 05/23/2016 Title: President					
Processed 05/23/2016 * Electronically provided signatures are accepted as original signatures.							