No. 0122390	Annual Report Form Due No Later Than November 30,		ent and Office NOT A P.O. BOA	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Please Correct, If Not Correct		J PAGE EEKSIDE PLACE	
PO BOX 83720 BOISE, ID 83720-0080	ANESTHESIOLOGY CONSULTATE 450 CREEKSIDE PLACE	MAMPA	10 83606	
NO FEE REQUIRED	490 GREEKSISE FCACE	3. Organized Um	3. Organized Under the Laws of:	
* FIRST NOTICE *	NAMPA ID 376	De ID	C122390	
	Business Addresses of President, Secretary and I ter Names and Addresses of Managers or Managers	Directors Members (check one)		
Office held Name	Street or P.O. Address	City	State Zip	
VICE PRESIDENT CHRI	STOPHER PIERCE 450 CREEKS	IDE PL NAMPA	:: ID 83606	
		_		
Signature of New Registered	Signature Name (Typed or Denn's Pa	Date Title	rolly 199 Acong President	
Signature of New Registered	Signature Name (Typed or Denn's Pa		per may	