No. **C 140283**	**Due no later than Aug 31, 2014** **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.** COLEMAN PROFESSIONAL ANESTHESIA SERVICES, P.A. KEVIN COLEMAN 5056 W BANKER DR BOISE ID 83714	KEVIN COLEMAN 5056 W BANKER DR BOISE ID 83714 3. New 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	KEVIN COLEMAN	5056 W BANKER DR	BOISE	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 140283**	Signature: Kevin Coleman	Date: 09/11/2014
	Name (type or print): Kevin Coleman	Title: President

Processed 09/11/2014

* Electronically provided signatures are accepted as original signatures.