

No. C 109946	Due no later than March 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX KARL R DECKER 330 SHOUP AVE US BANK BUILDING 3RD FL IDAHO FALLS, ID 83405
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 applicable: SNAKE RIVER ANESTHESIA, PROFESSIONA GARY D CALL PO BOX 417 BLACKFOOT, ID 83221		3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Gary Call	P.O. Box 417	Blackfoot	ID	83221

5. Organized Under the Laws of: IDAHO C 109946	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature <u>Gary D. Call</u></td> <td style="width: 50%;">Date <u>1-20-04</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Gary D. Call</u></td> <td>Title <u>Pres</u></td> </tr> </table>	Signature <u>Gary D. Call</u>	Date <u>1-20-04</u>	Name <small>(Typed or Printed)</small> <u>Gary D. Call</u>	Title <u>Pres</u>
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