

No. C 175974		Due no later than Jan 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. INDEPENDENT ANESTHESIA, P.A. DANIEL MINNAERT PO BOX 8327 BOISE ID 83707		MARGARET (PEGGY) MINNAERT 921 HOUSTON RD BOISE ID 83706			
						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	
SECRETARY	DANIEL MINNAERT	921 HOUSTON RD.	BOISE	ID	USA	83706	
PRESIDENT	MARGARET MINNAERT	921 HOUSTON RD.	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 175974		6. Annual Report must be signed.* Signature: Daniel Minnaert Name (type or print): Daniel Minnaert					
		Date: 11/30/2015 Title: Secretary					
Processed 11/30/2015		* Electronically provided signatures are accepted as original signatures.					