No. C 79184		Due no later than Aug 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MADISON ANESTHESIA SERVICES, P.A. PO BOX 866 REXBURG ID 83440-0866 ANDUSCON ANDUS						
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of	President, Secretary, and Directors. Treasure	3. <u>New</u> Register er (optional).	red Agent Si	gnature:*		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	JEFFREY GROVER LANE T. HANSON		4099 E. 534 N. 1092 ARCTIC WILLOW DRIVE	RIGBY REXBURG	ID ID	USA USA	83442 83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 79184		Signature: Greg A. Hayward Name (type or print): Greg A. Hayward			Date: 06/22/2016 Title: Business Manager			
Processed 06/22/2016 * Electronically provided signatures are accepted as original signatures.								