

No. C 176841		Due no later than Jan 31, 2014		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. HIGH MOUNTAIN ANESTHESIA, PA JASON THOMAS LAKE 8319 W CLEMETSON RD COEUR D ALENE ID 83814 USA		JASON THOMAS LAKE 8319 W CLEMETSON RD COEUR D'ALENE ID 83814			
				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	
PRESIDENT	JASON T LAKE	8319 W. CLEMETSON RD.	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 176841		Signature: Jason Thomas Lake				Date: 02/13/2014	
		Name (type or print): Jason Thomas Lake				Title: President	
Processed 02/13/2014		* Electronically provided signatures are accepted as original signatures.					