

No. <b>C 196832</b>		<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  BLACKROCK ANESTHESIA SERVICES P.A. ANITA BURROUGHS 24720 FALCON LANE CALDWELL ID 83607		TAMMY SKIDMORE 24720 FALCON LANE CALDWELL 83607			
						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	TAMMY L SKIDMORE	24720 FALCON LANE	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:  <b>ID</b> <b>C 196832</b>		6. Annual Report must be signed.*  Signature: Anita Burroughs Name (type or print): Anita Burroughs					
		Date: 10/27/2014 Title: Secretary					
Processed 10/27/2014      * Electronically provided signatures are accepted as original signatures.							