No. **C 109946**	**Due no later than Mar 31, 2010** **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.** SNAKE RIVER ANESTHESIA, PROFESSIONAL ASSOCIATION GARY D CALL PO BOX 417 BLACKFOOT ID 83221	KARL R DECKER 1000 RIVERWALK DR STE 200 IDAHO FALLS ID 83402 3. New 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
DIRECTOR	NONE	264 N 300 W	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 109946**	Signature: Gary D. Call	Date: 05/05/2010
	Name (type or print): Gary D. Call	Title: President

Processed 05/05/2010

* Electronically provided signatures are accepted as original signatures.