

No. C 201041		Due no later than Jan 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PROFESSIONAL ANESTHESIA SERVICES, INC. JULIE ACARREGUI 3510 NE JUNE LANE MOUNTAIN HOME ID 83647		JULIE ACARREGUI 3510 NE JUNE LANE MOUNTAIN HOME ID 83647	
				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	JULIE ACARREGUI	3510 NE JUNE LANE	MOUNTAIN HOME	ID	83647
SECRETARY	JULIE ACARREGUI	3510 NE JUNE LANE	MOUNTAIN HOME	ID	83647
5. Organized Under the Laws of: NV C 201041		6. Annual Report must be signed.* Signature: Julie Acarregui Name (type or print): Julie Acarregui Date: 12/07/2015 Title: President			
Processed 12/07/2015		* Electronically provided signatures are accepted as original signatures.			