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| No. C 115446 | Due no later than Jun 30, 2002 Annual Report Form | 2. Registered Agent and Office NO PO BOX C MICHAEL REECE 120 N 12TH AVE Suite #1 POCATELLO, ID 83205 83201 |
| 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 applicable ANESTHESIA ASSOCIATES OF POCATELLO, P.A. C MICHAEL REECE PO BOX 4107 POCATELLO, ID 83205 | 3. <u>New</u> Registered Agent Signature |

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|------------------|-------------------------------|-------------|--------------|------------|
| Pres. | C. Michael Reece | Po Box 4107 | Pocatello | ID | 83205 |
| Sec. | Phil Knox | " | " | | |
| V. Pres | Pat Farnell | | | | |
| V. Pres | Steve Follett | | | | |
| V. Pres | Tom Lark | | | | |
| V. Pres | John Traul | | | | |

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| 5. Organized Under the Laws of: IDAHO C 115446 | 6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>C. Michael Reece</u></td> <td style="width: 40%;">Date <u>5-6-02</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>C. Michael Reece</u></td> <td>Title <u>President</u></td> </tr> </table> | Signature <u>C. Michael Reece</u> | Date <u>5-6-02</u> | Name <small>(Typed or Printed)</small> <u>C. Michael Reece</u> | Title <u>President</u> |
| Signature <u>C. Michael Reece</u> | Date <u>5-6-02</u> | | | | |
| Name <small>(Typed or Printed)</small> <u>C. Michael Reece</u> | Title <u>President</u> | | | | |