

No. C109946	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX KARL R DECKER 1970 E 17TH ST IDAHO FALLS ID 83402	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct SNAKE RIVER ANESTHESIA, PROF GARY D CALL PO BOX 417		3. Organized Under the Laws of: ID C109946	
* FIRST NOTICE *				
BLACKFOOT ID 83221				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	Gary D. Call	Box 417	Blackfoot	Id 83221
Secretary	Cathy Jo Call	Box 417	Blackfoot	Id 83221
5. Signature of New Registered Agent		6.		
		Signature <u><i>Gary D. Call</i></u> Date <u>7/18/99</u>		
		Name <small>(Typed or Printed)</small> <u>Gary D. Call</u> Title <u>Pres</u>		

ISSUED: 07-03-1999

2016