

No. C 175143		Due no later than Sep 30, 2013 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		1. Mailing Address: Correct in this box if needed. HUBSMITH ANESTHESIA, P.C. LINDSAY A HUBSMITH 1016 WILDWOOD WAY TWIN FALLS ID 83301 USA		LANCE G HUBSMITH DO 1016 WILDWOOD WAY TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LANCE G HUBSMITH	1016 WILDWOOD WAY		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 175143		6. Annual Report must be signed.* Signature: Lance Hubsmith Name (type or print): Lance Hubsmith Date: 08/18/2013 Title: Owner					
Processed 08/18/2013 * Electronically provided signatures are accepted as original signatures.							