

No. <b>C109946</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  KAPL R DECKER 501 PARK AVE  IDAHO FALLS ID 83402																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  SNAKE RIVER ANESTHESIA, PPOF GARY D CALL PO BOX 417  BLACKFOOT ID 83221		3. Organized Under the Laws of:  ID C109946																			
* FIRST NOTICE *      BLACKFOOT ID 83221																						
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gary D. Call</td> <td>264 N. 300 W.</td> <td>Blackfoot</td> <td>Idaho</td> <td>83221</td> </tr> <tr> <td>Secretary</td> <td>Cathy Jo Call</td> <td>264 N. 300 W.</td> <td>Blackfoot</td> <td>Idaho</td> <td>83221</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Gary D. Call	264 N. 300 W.	Blackfoot	Idaho	83221	Secretary	Cathy Jo Call	264 N. 300 W.	Blackfoot	Idaho	83221
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5. NATURE OF BUSINESS  MEDICAL		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature <u>Gary D. Call</u> Date <u>7/15/96</u>  Name (Typed or Printed) <u>Gary D. Call</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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