

No. C 140650

Due no later than September 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ORTHOPEDIC AMBULATORY ANESTHESIA, P
MARGARET KASPAR
605 E ROOSTER CT
EAGLE, ID 83616

ALLAN R BOSCH
225 N 9TH ST STE 210
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	Margaret Kaspar	605 E Rooster Ct	Eagle	ID	83616
Treasurer	"	"	"	"	"
Secretary	Mindy Marchus	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 140650

6.

Signature

Name (Typed or Printed)

Date

Title

Margaret Kaspar
Margaret Kaspar
7/14/07
President

Issued 07/02/2007

Do Not Tape or Staple

200709002281