| No. C 88306 | | Du | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|--|---|---|--|---------|-------------|--|
| Return to: | | Annual Report Form | | JOSEPH H | JOSEPH H UBERUAGA II | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BOISE ANESTHESIA, P.A. NATALIE ALEXANDER NATALIE.ALEXANDER@ANESTHESIALL 8905 SW NIMBUS AVE #300 | | BOISE ID | 1111 W JEFFERSON SUITE 530 BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 300 | | | | | | |
| | | BEAVERTON OR 97008 | | | | | | |
| 1. Corporations: Enter N | ames and Busin | ess Addresses of | President, Secretary, and Directors. Treas | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | STEPHEN PA | ACKER | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | MELBIHESS ERIC | | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | JOHN MARTIN | | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | KEVIN KART | CHNER | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | JASON JENK | INS | 1055 N CUTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | SHELLEY JA | CKS | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | PATRICIA G | AHERTY | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | DONALD FO | | 1055 N. CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | MATTHEW FOWLER | | 1055 N. CURTIS ROAD | BOISE | ID | USA | 83706 | |
| SECRETARY | STEVEN REID | | 1055 N. CURTIS ROAD | BOISE | ID | USA | 83706 | |
| PRESIDENT | ANDREW R COHEN | | 1055 N. CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | | | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | NATHAN POULSON | | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | SEAN MCGA | ARRY | 1055 N CURTIS ROAD | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 88306 | | Signature: Natalie Alexander Date: 03/21/2017 | | | | | | |
| | | Name (type or print): Natalie Alexander | | | Title: Accountant | | | |
| Processed 03/21/2017 | | * Electronically p | provided signatures are accepted as origina | al signatures. | | | | |