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|--|------|--|-----------|--|---------|------------------|--|
| No. C 109946 | | Due no later than Mar 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SNAKE RIVER ANESTHESIA, PROFESSIONAL ASSOCIATION GARY D CALL PO BOX 417 BLACKFOOT ID 83221 | | KARL R DECKER 1000 RIVERWALK DR STE 200 IDAHO FALLS ID 83402 | | | |
| | | | | 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 | |
| DIRECTOR | NONE | 264 N 300 W | BLACKFOOT | ID | USA | 83221 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 109946 | | Signature: Gary D. Call | | | | Date: 03/03/2009 | |
| | | Name (type or print): Gary D. Call | | | | Title: Director | |
| Processed 03/03/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |