No. **C 180704**	**Due no later than Nov 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** PEDERSEN ANESTHESIOLOGY, P.C. BLAKE E PEDERSEN 2757 CARRIAGE WAY TWIN FALLS ID 83301	NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New 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	BLAKE E PEDERSEN	2757 CARRIAGE WAY	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 180704**	Signature: Blake Pedersen	Date: 09/21/2013
	Name (type or print): Blake Pedersen	Title: President

Processed 09/21/2013

* Electronically provided signatures are accepted as original signatures.