

No. C 188206	Due no later than Aug 31, 2018 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. Merkley Anesthesia Services, P.C. Merkley Anesthesia Services, P.C. 6875 E VALVERDE ST IDAHO FALLS ID 83401-5921		TODD MERKLEY 6875 E VALVERDE ST IDAHO FALLS ID 83401-5921			
			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
SECRETARY	NICOLE MERKLEY	6875 E VALVERDE ST	IDAHO FALLS	ID	USA	83401
PRESIDENT	TODD MERKLEY	6875 E VALVERDE ST	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID C 188206	6. Annual Report must be signed.* Signature: Todd Merkley Name (type or print): Todd Merkley		Date: 09/26/2018 Title: CRNA			
Processed 09/26/2018		* Electronically provided signatures are accepted as original signatures.				