

No. C 79184	Due no later than Aug 31, 2017 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. MADISON ANESTHESIA SERVICES, P.A. PO BOX 866 REXBURG ID 83440-0866		GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404			
			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
PRESIDENT	JARED OLLERTON	146 S. HIDDEN VALLEY DRIVE	REXBURG	ID	USA	83440
SECRETARY	MICHAEL KARREN	656 DELL DRIVE	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID C 79184	6. Annual Report must be signed.* Signature: Greg A Hayward Name (type or print): Greg A Hayward		Date: 06/29/2017 Title: Business Manager			
Processed 06/29/2017		* Electronically provided signatures are accepted as original signatures.				