

No. W 22199		Due no later than Jan 31, 2007 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		1. Mailing Address: Correct in this box if needed. EAGLE ROCK ANESTHESIA, PLLC SCOTT NELSON 187 WOODHAVEN PLACE IDAHO FALLS ID 83404		SCOTT NELSON 187 WOODHAVEN PLACE IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SCOTT NELSON	Street or PO Address 187 WOODHAVEN PLACE		City IDAHO FALLS	State ID	Country	Postal Code 83404
5. Organized Under the Laws of: IDAHO W 22199		6. Annual Report must be signed.* Signature: SCOTT NELSON Name (type or print): SCOTT NELSON Date: 01/14/2007 Title: PRESIDENT					
Processed 01/14/2007 * Electronically provided signatures are accepted as original signatures.							