

No. <b>W 22199</b>		<b>Due no later than Jan 31, 2007</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  EAGLE ROCK ANESTHESIA, PLLC SCOTT NELSON 187 WOODHAVEN PLACE IDAHO FALLS ID 83404		SCOTT NELSON 187 WOODHAVEN PLACE IDAHO FALLS ID 83404	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	SCOTT NELSON	187 WOODHAVEN PLACE	IDAHO FALLS	ID	83404
5. Organized Under the Laws of:  <b>IDAHO W 22199</b>		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.			