

No. <b>C 190006</b>		<b>Due no later than Feb 28, 2013</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>1. Mailing Address: Correct in this box if needed.</b> 3 PEAKS ANESTHESIA, INC. H. MICHAEL ADAMS 217 N 165 W BLACKFOOT ID 83221 USA		H MICHAEL ADAMS 217 N 165 W BLACKFOOT ID 83221			
				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	H. MICHAEL ADAMS	217 N 165 W	BLACKFOOT	ID	USA	83221-5780	
5. Organized Under the Laws of:  <b>ID C 190006</b>		6. Annual Report must be signed.* Signature: H. Michael Adams Name (type or print): H. Michael Adams Date: 12/27/2012 Title: President					
Processed 12/27/2012		* Electronically provided signatures are accepted as original signatures.					