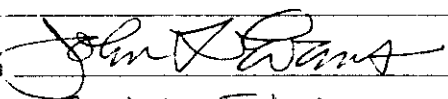
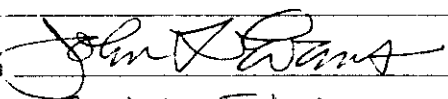
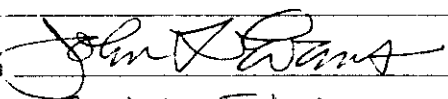


No. C 142913	Due no later than March 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX JOHN EVANS 2455 VICTORIAN CT TWIN FALLS, ID 83301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable EVANS ANESTHESIA SERVICES, P.C. JOHN EVANS 2455 VICTORIAN CT TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JOHN L. EVANS</td> <td>2455 VICTORIAN CT</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>LINDA M. EVANS</td> <td>2455 VICTORIAN CT</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	JOHN L. EVANS	2455 VICTORIAN CT	TWIN FALLS	ID	83301	SECRETARY	LINDA M. EVANS	2455 VICTORIAN CT	TWIN FALLS	ID	83301
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