

No. W 3245	Annual Report Form 1999 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX MARK L PETERSEN 1665 CLAREMONT LN IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address Please Correct if Not Correct TETON ANESTHESIA ASSOCIATES, MARK L PETERSEN 1665 CLAREMONT LN	3. Organized Under the Laws of: ID W 3245
★ FIRST NOTICE ★ IDAHO FALLS ID 83404		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
		<u>City</u> <u>State</u> <u>Zip</u>
		Mark L. Petersen, MD P.O. Box 52180 Idaho Falls ID 83404
JUL 19 1999		
5. Signature of New Registered Agent	6.	
	Signature <u>Mark L. Petersen</u> Date <u>7-19-99</u>	
	Name <small>(Typed or Printed)</small> <u>Mark L. Petersen</u> Title <u>Manager</u>	

ISSUED: 07-03-1999

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