No. **W 4950**	**Due no later than Nov 30, 2007**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** GEM-STATE ANESTHESIA SERVICES, PLLC JAMES L WARD 712 FILLMORE ST. CALDWELL ID 83605	JAMES L WARD 1717 ARLINGTON AVE CALDWELL ID 83605 3. New 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
MEMBER	JAMES L WARD	712 FILLMORE ST.	CALDWELL	ID	USA	83605

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 4950**	Signature: James L. Ward Sr. Name (type or print): James L. Ward Sr.	Date: 01/23/2008 Title: Managing Partner

Processed 01/23/2008

* Electronically provided signatures are accepted as original signatures.