

No. C 109946

Due no later than March 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SNAKE RIVER ANESTHESIA, PROFESSIONAL
GARY D CALL
PO BOX 417
BLACKFOOT, ID 83221

KARL R DECKER
1000 RIVERWALK DR STE 200
IDAHO FALLS, ID 83402

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Gary D. Call	Box 417	Blackfoot	Id	83221
Secretary	Cathy D. Call	Box 417	Blackfoot	Id	83221

5. Organized Under the Laws of:

IDAHO
C 109946

6.

Signature

Gary D. Call

Date

1/16/08

Name

(Typed or
Printed)

Gary D. Call

Title

President

Issued 01/02/2008

Do Not Tape or Staple

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