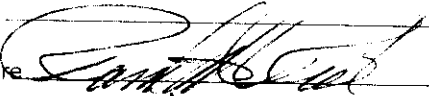


No. W 24143	Due no later than May 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable RIVER CITY ANESTHESIA ASSOCIATES, P ROBERT J FASNACHT 850 W IRONWOOD DR #101 COEUR D ALENE, ID 83814		ROBERT J FASNACHT 850 W IRONWOOD DR #101 COEUR D ALENE, ID 83814 3. <u>New</u> Registered Agent Signature											
	4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Ronald Rock</td> <td>1593 E. Polston Ave. #100</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Ronald Rock	1593 E. Polston Ave. #100	Post Falls	ID
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Ronald Rock	1593 E. Polston Ave. #100	Post Falls	ID	83854									
5. Organized Under the Laws of: IDAHO W 24143	6.  Signature _____ Date <u>5-20-04</u> Name (Typed or Printed) <u>Ronald Rock</u> Title <u>Manager</u>													