

No. C 140650

Due no later than September 30, 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

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

ORTHOPEDIC AMBULATORY ANESTHESIA, P
MARGARET KASPAR
605 E ROOSTER CT
EAGLE, ID 83616

ALLAN R BOSCH
225 N 9TH ST STE 210
BOISE, ID 83702

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>
Pres	Margaret Kaspar	605 E Rooster Ct	Eagle	ID	83616
Sec.					

5. Organized Under the Laws of:

IDAHO
C 140650

6.

Signature

Margaret Kaspar

Date

7/8/04

Name (Typed or Printed)

Margaret Kaspar

Title

Pres.