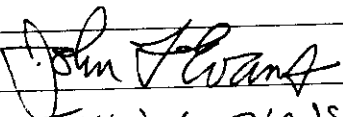


No. C 142913	Due no later than March 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX JOHN EVANS 2455 VICTORIAN CT TWIN FALLS, ID 83301			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address (Correct in this box, if applicable) EVANS ANESTHESIA SERVICES, P.C. JOHN EVANS 2455 VICTORIAN CT TWIN FALLS, ID 83301	3. <u>New</u> 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	JOHN L. EVANS	2455 VICTORIAN CT.	TWIN FALLS	ID	83301
SECRETARY	LINDA M. EVANS	2455 VICTORIAN CT.	TWIN FALLS	ID	83301
5. Organized Under the Laws of: IDAHO C 142913		6. Signature  Date <u>1-21-04</u> Name (Typed or Printed) <u>JOHN L. EVANS</u> Title <u>PRESIDENT</u>			