

No. <b>W 15085</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than April 30, 2006</b> <b>Annual Report Form</b> <b>1. Mailing Address - Correct in this box, if applicable</b> INTERMOUNTAIN AMBULATORY ANESTHESIA KIRK A MILLER 600 ROBBINS RD STE 401 BOISE, ID 83702	2. Registered Agent and Office <b>NO PO BOX</b> KIRK A MILLER MD 600 ROBBINS RD STE 401 BOISE, ID 83702  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>KIRK A MILLER MD</td> <td>600 N ROBBINS RD STE 401</td> <td>BOISE</td> <td>ID</td> <td>83702</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	KIRK A MILLER MD	600 N ROBBINS RD STE 401	BOISE	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MANAGER	KIRK A MILLER MD	600 N ROBBINS RD STE 401	BOISE	ID	83702									
5. Organized Under the Laws of:  IDAHO W 15085	6. Signature <u>Kirk A Miller</u> Date <u>2-14-6</u> Name (Typed or Printed) <u>KIRK A MILLER MD</u> Title <u>MANAGER</u>													

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