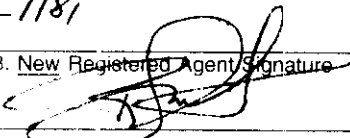
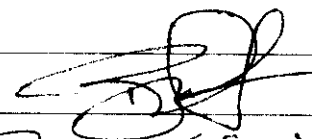


No. W 29994	Due no later than April 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ROBERT K. SMITH ANESTHESIA, PLLC 2000 IDLERS REST RD MOSCOW, ID 83843 <i>→ 1181 1181</i>		ROBERT SMITH 2000 IDLERS REST RD MOSCOW, ID 83843 <i>1181</i> 3. New Registered Agent Signature 												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><i>Manager</i></td> <td><i>Robert K. Smith</i></td> <td><i>1181 Idlers Rest Rd.</i></td> <td><i>Moscow, Idaho</i></td> <td></td> <td><i>83843</i></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	<i>Manager</i>	<i>Robert K. Smith</i>	<i>1181 Idlers Rest Rd.</i>	<i>Moscow, Idaho</i>		<i>83843</i>
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<i>Manager</i>	<i>Robert K. Smith</i>	<i>1181 Idlers Rest Rd.</i>	<i>Moscow, Idaho</i>		<i>83843</i>										
5. Organized Under the Laws of: IDAHO W 29994		6. Signature  Name <small>(Typed or Printed)</small> <i>Robert K. Smith</i> Date <i>2/7/2005</i> Title <i>Manager</i>													

Issued 02/01/2005

Do Not Tape or Staple

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