No. **C 118405**	**Due no later than Feb 29, 2016**	2. Registered Agent and Address **(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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KEZELE ANESTHETICS, P.C. JOHN T KEZELE 104 N BEAR RIVER BLFS PRESTON ID 83263	JOHN T KEZELE 104 N BEAR RIVER BLFS PRESTON ID 83263 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOHN T KEZELE	104 N BEAR RIVER BLFS	PRESTON	ID	USA	83263
SECRETARY	MARCIA G KEZELE	104 N BEAR RIVER BLFS	PRESTON	ID	USA	83263

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 118405**	Signature: John T Kezele III	Date: 12/22/2015
	Name (type or print): John T Kezele III	Title: President

Processed 12/22/2015

* Electronically provided signatures are accepted as original signatures.