

No. C 112176	Due no later than September 30, 2005																				
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		2. Registered Agent and Office NO PO BOX																		
	1. Mailing Address - Correct in this box, if applicable ANESTHESIA ASSOCIATES OF WOOD RIVER JAMES R HAGUE, MD PO BOX 3333 1509 N 470 E HAILEY, ID 83333 Shoshone, ID 83352		JAMES R HAGUE MD 200 CLOVERLY HAILEY, ID 83333 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"><u>Office held</u></th> <th style="width: 25%;"><u>Name</u></th> <th style="width: 35%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>JAMES R Hague, M.D.</td> <td>200 Cloverly Hailey, ID 83333</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sec</td> <td>Connie Sorensen</td> <td>1509 N 470 E Shoshone, ID</td> <td></td> <td></td> <td>83352</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>	Pres.	JAMES R Hague, M.D.	200 Cloverly Hailey, ID 83333				Sec	Connie Sorensen	1509 N 470 E Shoshone, ID			83352
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5. Organized Under the Laws of: IDAHO C 112176	6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Connie Sorensen</u></td> <td style="width: 40%;">Date <u>8/9/05</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Connie Sorensen</u></td> <td>Title <u>Sec</u></td> </tr> </table>			Signature <u>Connie Sorensen</u>	Date <u>8/9/05</u>	Name (Typed or Printed) <u>Connie Sorensen</u>	Title <u>Sec</u>														
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