


No. W 30930	Due no later than May 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BLACKFOOT ANESTHESIA SERVICES, LLC STEVE MCCLELLAN PO BOX 829 BLACKFOOT, ID 83221	STEVE MCCLELLAN 281 W 200 N BLACKFOOT, ID 83221 3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Steven McClellan	P.O. Box 829	Blackfoot	ID	83221
Member	Stacey McClellan	P.O. Box 829	Blackfoot	ID	83221

5. Organized Under the Laws of: IDAHO W 30930	6. Signature  Name (Typed or Printed) <u>Steven McClellan</u> Date <u>3-17-09</u> Title <u>Member</u>
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Issued 03/02/2009

Do Not Tape or Staple

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