No. C 156706 Return to:		Due no later than Oct 31, 2009 Annual Report Form	Registered Agent and Address (NO PO BOX) TERESA MCCOY 1646 ELDRIDGE AVE TWIN FALLS ID 83303 New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. A.T. ANESTHESIA, P.C. AL TREARSE MVRMC 650 ADDISON AVE WEST TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Ente	er Names and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	AL TREARSE	C/0 SLMVRMC 650 ADDISON AVE WEST	TWIN FALLS	ID	USA	83301
5. Organized Under	the Laws of:	6. Annual Report must be signed.*				
ID.		Signature: Al Trearse	Date: 09/06/2009			
C 156706		Name (type or print): Al Trearse	Title: President			
Processed 09/06/2009 * Electronically provided signatures are accepted as original signatures.						