

No. C 112176

Due no later than September 30, 2006
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

1. Mailing Address - Correct in this box, if applicable

ANESTHESIA ASSOCIATES OF WOOD RIVER
JAMES R HAGUE, MD
1509 N 470 E
SHOSHONE, ID 83352JAMES R HAGUE MD
200 CLOVERLY
HAILEY, ID 83333NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<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	200 Cloverly	Hailey	ID	83333
Sec.	Connie S Sorensen	1509 N 470 E	Shoshone	ID	83333

5. Organized Under the Laws of:

IDAHO
C 112176

6.

Signature



Date 09/15/04

Name

(Typed or
Printed)

Connie Sorensen

Title

Sec.

Issued 07/03/2006

Do Not Tape or Staple

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