No. W 24143	Due no later than May 31, 2005 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 NO FILING FEE IF	1. Mailing Address - Correct in this box, if applicable RIVER CITY ANESTHESIA ASSOCIATES, P ROBERT J FASNACHT 850 W IRONWOOD DR #101 COEUR D ALENE, ID 83814	ROBERT J FASNACHT 850 W IRONWOOD DR #101 COEUR D ALENE, ID 83814 3. New Registered Agent Signature
RECEIVED BY DUE DATE		
Limited Liability Compar	nies: Enter Names and Addresses of Managers.	
Office held Name	/ Street or P.O. Address	ity State Zio
manager Hon Kock	C 1593 E Pakston Ave for	Falls Id 8385
5. Organized Under the Laws of:	6. 6.	halls Id 83859
5. Organized Under the Laws of: IDAHO W 24143		Date 3-10-05 Title Manager