

No. <b>W 22199</b>	<b>Due no later than Jan 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> EAGLE ROCK ANESTHESIA, PLLC SCOTT NELSON 187 WOODHAVEN PLACE IDAHO FALLS ID 83404 0000		SCOTT NELSON 187 WOODHAVEN PLACE IDAHO FALLS ID 83404 0000			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	SCOTT NELSON	187 WOODHAVEN PLACE	IDAHO FALLS	ID		83404
5. Organized Under the Laws of:  <b>IDAHO W 22199</b>	6. Annual Report must be signed.* Signature: Scott Nelson Name (type or print): Scott Nelson		Date: 11/28/2005 Title: Manager			
Processed 11/28/2005		* Electronically provided signatures are accepted as original signatures.				