

No. <b>C 115446</b>		<b>Due no later than Jun 30, 2010</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ANESTHESIA ASSOCIATES OF POCATELLO, P.A. STEVEN FOLLETT PO BOX 4107 POCATELLO ID 83205		STEVEN FOLLETT 333 N 18TH POCATELLO ID 83201		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOHN B TRAU	PO BOX 4107	POCATELLO	ID	USA	83205
DIRECTOR	ANTHONY DAVIS	PO BOX 4107	POCATELLO	ID	USA	83205
DIRECTOR	PHILIP KNOX	PO BOX 4107	POCATELLO	ID	USA	83205
5. Organized Under the Laws of:  <b>ID C 115446</b>		6. Annual Report must be signed.* Signature: P Johnson Name (type or print): P Johnson Date: 04/09/2010 Title: Admin. Assistant				
Processed 04/09/2010		* Electronically provided signatures are accepted as original signatures.				