

No. C 118405		Due no later than Feb 29, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. KEZELE ANESTHETICS, P.C. JOHN T KEZELE 104 BEAR RIVER BLUFFS PRESTON ID 83263		JOHN T KEZELE 104 BEAR RIVER BLUFFS PRESTON ID 83263			
						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	
PRESIDENT	JOHN T KEZELE	104 BEAR RIVER BLUFF	PRESTON	ID	USA	83263	
SECRETARY	MARCIA G KEZELE	104 BEAR RIVER BLUFF	PRESTON	ID	USA	83263	
5. Organized Under the Laws of: ID C 118405		6. Annual Report must be signed.* Signature: John T. Kezele Name (type or print): John T. Kezele					
Processed 12/09/2011		* Electronically provided signatures are accepted as original signatures. Date: 12/09/2011 Title: President					