

No. C 149845	Due no later than July 31, 2005															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		2. Registered Agent and Office NO PO BOX													
	1. Mailing Address - Correct in this box, if applicable ANESTHESIA WEST P.A. 2157 SATTERFIELD POCATELLO, ID 83201		CHAD FUGATE 2157 SATTERFIELD POCATELLO, ID 83201 3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>CHAD FUGATE</td> <td>2157 Satterfield</td> <td>Pocatello</td> <td>Id.</td> <td>83201</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	CHAD FUGATE	2157 Satterfield	Pocatello	Id.	83201
Office held	Name	Street or P.O. Address	City	State	Zip											
President	CHAD FUGATE	2157 Satterfield	Pocatello	Id.	83201											
5. Organized Under the Laws of: IDAHO C 149845		6. Signature <u><i>C Fugate</i></u> Date <u>5/15/05</u> Name (Typed or Printed) <u>CHAD FUGATE</u> Title <u>President</u>														

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