

No. C 149845	Due no later than July 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	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	
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	CHAD FUGATE	2157 SATTERFIELD	Pocatello ID 83201
5. Organized Under the Laws of:		6.	
IDAHO C 149845	Signature <u>C Fugate</u>	Date <u>5/15/05</u>	
	Name <small>(Type or Printed)</small> <u>CHAD FUGATE</u>	Title <u>President</u>	

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Do Not Tape or Staple

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