

No. C 154727	Due no later than May 31, 2009 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. DREAM TEAM ANESTHESIA, P.C. KENDALL MILLER %KENDALL C MILLER 63 PELICAN DR RUPERT ID 83350	KENDALL C MILLER 63 PELICAN DR RUPERT ID 83350	
		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	KENDALL C MILLER	63 PELICAN DR	RUPERT IR USA 83350
5. Organized Under the Laws of: ID C 154727	6. Annual Report must be signed.* Signature: Kendall Miller Name (type or print): Kendall Miller		Date: 07/08/2009 Title: President
Processed 07/08/2009		* Electronically provided signatures are accepted as original signatures.	