

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.							