

| No. C 41359   | <b>Annual Report Form</b> 1996<br>Due No Later Than November 30,  |  | 2. Registered Agent and Office NOT A P.O. BOX                        |       |             |      |                        |      |       |     |           |                  |               |           |    |       |           |                 |  |  |  |  |
|---|---|--|--|-------|-------------|------|------------------------|------|-------|-----|-----------|------------------|---------------|-----------|----|-------|-----------|-----------------|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br>* FIRST NOTICE *  | 1. Mailing Address - Please Correct, If Not Correct   |  | C. MICHAEL REECE<br>120 NORTH 12TH<br>SUITE 1<br>POCAATELLO ID 83271 |       |             |      |                        |      |       |     |           |                  |               |           |    |       |           |                 |  |  |  |  |
|   | ANESTHESIA ASSOCIATES, P.A.<br>C. MICHAEL REECE<br>P.O. BOX <del>4934</del> 4107<br><br>POCAATELLO ID 83205 |  | 3. Organized Under the Laws of:<br><br>ID C 41359                    |       |             |      |                        |      |       |     |           |                  |               |           |    |       |           |                 |  |  |  |  |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  |   |  |  |       |             |      |                        |      |       |     |           |                  |               |           |    |       |           |                 |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>C. Michael Reece</td> <td>P.O. Box 4107</td> <td>Pocatello</td> <td>ID</td> <td>83205</td> </tr> <tr> <td>Secretary</td> <td>Phillip J. Knox</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |  |  |       | Office held | Name | Street or P.O. Address | City | State | Zip | President | C. Michael Reece | P.O. Box 4107 | Pocatello | ID | 83205 | Secretary | Phillip J. Knox |  |  |  |  |
| Office held   | Name  | Street or P.O. Address   | City   | State | Zip         |      |                        |      |       |     |           |                  |               |           |    |       |           |                 |  |  |  |  |
| President   | C. Michael Reece  | P.O. Box 4107  | Pocatello  | ID    | 83205       |      |                        |      |       |     |           |                  |               |           |    |       |           |                 |  |  |  |  |
| Secretary   | Phillip J. Knox   |  |  |       |             |      |                        |      |       |     |           |                  |               |           |    |       |           |                 |  |  |  |  |
| 5. NATURE OF BUSINESS<br><br>ANESTHESIA PROVIDERS   |   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>C. Michael Reece</u> Date <u>7-17-96</u><br>Name (Typed or Printed) <u>C. Michael Reece</u> Title <u>President</u> |  |       |             |      |                        |      |       |     |           |                  |               |           |    |       |           |                 |  |  |  |  |

ISSUED: 07-06-1996

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