

No. <b>C 190006</b>		<b>Due no later than Feb 28, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  3 PEAKS ANESTHESIA, INC. H. MICHAEL ADAMS 478 E 700 N FIRTH ID 83236		H MICHAEL ADAMS 478 E 700 N FIRTH ID 83236			
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	H. MICHAEL ADAMS	478 E 700 N	FIRTH	ID	USA	83236	
5. Organized Under the Laws of:  <b>ID</b> <b>C 190006</b>		6. Annual Report must be signed.*  Signature: H. Michael Adams Name (type or print): H. Michael Adams					
		Date: 03/18/2017 Title: President					
Processed 03/18/2017      * Electronically provided signatures are accepted as original signatures.							