No. C 117686	Due no later than January 31, 2004	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Annual Report Form  1. Mailing Address - Correct in this box if applicable NORTH IDAHO ANESTHESIA PC	CORPORATION SERVICE COMPAI 1401 SHORELINE DR STE 2
PO BOX 83720 BOISE, ID 83720-0080	781 MT VIEW DR	BOISE, ID 83702
NO FILING FEE IF RECEIVED BY DUE DATE	SANDPOINT, ID 83864	3. New Registered Agent Signature
<ol> <li>Corporations: Enter Nam</li> </ol>	nes and Business Addresses of President, Secretary	and Directors.
Office held Name PREPURIN PECUKUN	Street or P.O. Address  Oity  Silvery  Silvery  Silvery	State Zip PUM D. 83864
. Organized Under the Laws of: IDAHO C 117686	6. Signature  Name (Typed or ) / / / / / / / / / / / / / / / / / /	Date 16 De 07
Issued 11/03/2003	Do Not Tape or Staple	6048