

No. C 175711	Due no later than Nov 30, 2008 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. CORNERSTONE ANESTHESIA, P.A. TERI PALUSO 2842 JUNIPER DR LEWISTON ID 83501	J THOMAS GRISSOM MD 2842 JUNIPER DR LEWISTON ID 83501																																										
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*																																										
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>DIRECTOR</td> <td>DAVID KIRCH</td> <td>2841 JUNIPER DRIVE</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>DIRECTOR</td> <td>LYNDAL STOUTIN</td> <td>2841 JUNIPER DRIVE</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>TREASURER</td> <td>JOHN THOMAS GRISSOM</td> <td>2841 JUNIPER DRIVE</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>SECRETARY</td> <td>CRAIG FLINDERS</td> <td>2841 JUNIPER DRIVE</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>PRESIDENT</td> <td>GARY HAAS</td> <td>2841 JUNIPER DRIVE</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Country	Postal Code	DIRECTOR	DAVID KIRCH	2841 JUNIPER DRIVE	LEWISTON	ID	USA	83501	DIRECTOR	LYNDAL STOUTIN	2841 JUNIPER DRIVE	LEWISTON	ID	USA	83501	TREASURER	JOHN THOMAS GRISSOM	2841 JUNIPER DRIVE	LEWISTON	ID	USA	83501	SECRETARY	CRAIG FLINDERS	2841 JUNIPER DRIVE	LEWISTON	ID	USA	83501	PRESIDENT	GARY HAAS	2841 JUNIPER DRIVE	LEWISTON	ID	USA	83501		
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5. Organized Under the Laws of: ID C 175711	6. Annual Report must be signed.* Signature: J. Thomas Grissom Name (type or print): J. Thomas Grissom Date: 12/05/2008 Title: Treasurer																																											
Processed 12/05/2008		* Electronically provided signatures are accepted as original signatures.																																										