

No. <b>C 175711</b>	<b>Due no later than Nov 30, 2008</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> CORNERSTONE ANESTHESIA, P.A. TERI PALUSO 2842 JUNIPER DR LEWISTON ID 83501	J THOMAS GRISSOM MD 2842 JUNIPER DR LEWISTON ID 83501  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
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
5. Organized Under the Laws of:  <b>ID C 175711</b>	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.				