

No. <b>C 85455</b>		<b>Due no later than Dec 31, 2016</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>  IDAHO ANESTHESIA, P.A. ROBERT P KINGHORN 76 HORSESHOE CIR JEROME ID 83338		ROBERT P KINGHORN 76 HORSESHOE CIR JEROME ID 83338			
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	ROBERT P KINGHORN	76 HORSESHOE CR.	JEROME	ID	USA	83338	
5. Organized Under the Laws of:  <b>ID</b> <b>C 85455</b>		6. Annual Report must be signed.*  Signature: robert kinghorn Name (type or print): robert kinghorn					
		Date: 10/26/2016 Title: president					
Processed 10/26/2016      * Electronically provided signatures are accepted as original signatures.							