

No. <b>C 156706</b>		<b>Due no later than Oct 31, 2014</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>  A.T. ANESTHESIA, P.C. AL TREARSE PO BOX 2279 KETCHUM ID 83340		TERESA MCCOY 1646 ELDRIDGE AVE TWIN FALLS ID 83303			
						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	AL TREARSE	PO BOX 2279	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of:  <b>ID</b> <b>C 156706</b>		6. Annual Report must be signed.*  Signature: A r trearse Name (type or print): A r trearse  Date: 09/02/2014 Title: President					
Processed 09/02/2014      * Electronically provided signatures are accepted as original signatures.							