

No. C 122890		Due no later than Feb 29, 2012 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. ANESTHESIOLOGY CONSULTANTS OF IDAHO, P.A. RUSSELL CRAWFORD 418 E TOBAGO CT MERIDIAN ID 83642		RUSSELL CRAWFORD 418 E TOBAGO CT MERIDIAN ID 83642-2200		
				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	DENNIS PAGE	1512 12TH AVENUE	NAMPA	ID	USA	83686
DIRECTOR	BRADLEY BRETZ	1512 12TH AVENUE	NAMPA	ID	USA	83686
DIRECTOR	MICHAEL SEVERSON	1512 12TH AVENUE	NAMPA	ID	USA	83686
TREASURER	RUSSELL CRAWFORD	1512 12TH AVENUE	NAMPA	ID	USA	83686
DIRECTOR	KERRI TRAINER	1512 12TH AVENUE	NAMPA	ID	USA	83686
DIRECTOR	PAUL MORGAN	1512 12TH AVENUE	NAMPA	ID	USA	83686
SECRETARY	CURTIS RIGBY	1512 12TH AVENUE	NAMPA	ID	USA	83686
DIRECTOR	SHAWN STATES	1512 12TH AVENUE	NAMPA	ID	USA	83686
DIRECTOR	RANDY BLACK	1512 12TH AVENUE	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID C 122890		6. Annual Report must be signed.* Signature: Russell Crawford Name (type or print): Russell Crawford Date: 02/06/2012 Title: Treasurer				
Processed 02/06/2012		* Electronically provided signatures are accepted as original signatures.				