

No. <b>C 85455</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i>	<b>1996</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>RONALD L. LEE</b> <b>2379 E. 3200 S.</b>  <b>JEROME ID 83338</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of:  <b>ID C 85455</b>		
	<b>IDAHO ANESTHESIA, P.A.</b> <b>RONALD L. LEE</b> <b>P.O. BOX 13</b>  <b>JEROME ID 83338</b>				
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	RON LEE	2379 E 3200 S	Jerome	ID	83338
V Pres.	DALE DICKINSON	85 Horseshoe Cir.	Jerome	ID	83338
SEC.	ROBERT KINGHORN	76 Horseshoe Cir	Jerome	ID	83338
5. <b>NATURE OF BUSINESS</b>  <b>ANESTHESIA</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Robert Kinghorn</u> Date <u>7-18-96</u> Name (Typed or Printed) <u>ROBERT KINGHORN</u> Title <u>SEC.</u>			

ISSUED: 07-06-1996

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