

No. C 109946

Due no later than March 31, 2005
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address **Correct in this box, if applicable**

SNAKE RIVER ANESTHESIA, PROFESSIONAL
GARY D CALL
PO BOX 417
BLACKFOOT, ID 83221

KARL R DECKER
1000 RIVERWALK DR STE 200
IDAHO FALLS, ID 83402

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Gary D. Call	P.O. Box 417	Blackfoot	ID	83221

5. Organized Under the Laws of:

IDAHO
C 109946

6.

Signature

Gary D. Call

Date

1-17-05

Name (Typed or Printed)

Gary D. Call

Title

President