No. C 88306	Due no later than December 31, 2008 **Annual Report Form**	2. Registered Agent and Office **NO PO BOX**
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable BOISE ANESTHESIA, P.A. 8905 SW NIMBUS AVE #300 BEAVERTON, OR 97008	JOSEPH H UBERUAGA II 300 N 6TH ST BOISE, ID 83702 3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	A Rosscohen	1055 N Curtis Road	Boise	ID	83706
Director	M Fowler				
Director	D Fox				
Director	P Gocherty				
Director	M Gold				
Director	S Jacks				
Director	J Jenkins				
Director	K Kamchner				
chair	J marvin				
Director	S Packer				
sec/treas	S Reid				
Director	P Schmid				
Director	C Smasun	1055 N Curtis Rd	Boise	ID	83706

5. Organized Under the Laws of:
IDAHO
C 88306

6.
Signature Bonnie Starr Date 10/29/08
Name (Typed or Printed) Bonnie Starr Title Practice Management Asst mgr

Issued 10/01/2008

Do Not Tape or Staple

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