No. C 115446		Due no later than Jun 30, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ROGER COOK 333 N 18TH BLDG A POCATELLO ID 83201				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANESTHESIA ASSOCIATES OF POCATELLO, P.A. ROGER COOK PO BOX 4107 POCATELLO ID 83205-4107						
					FOCATELLO ID 65201			
					3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	lames and Busin	ess Addresses o	f President, Secretary, and Directors. Tre	easurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR JOHN B TRA		AUL	PO BOX 4107		POCATELLO	ID	USA	83205
DIRECTOR			PO BOX 4107		POCATELLO	ID	USA	83205
DIRECTOR	PHILIP KNOX	(PO BOX 4107		POCATELLO	ID	USA	83205
DIRECTOR	ROGER COO		PO BOX 4107		POCATELLO	ID	USA	83205
DIRECTOR	DANIEL SNE	Ш	PO BOX 4107		POCATELLO	ID	USA	83205
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Carol Gilbert			Date: 06/11/2014			
C 115446		Name (type or print): Carol Gilbert			Title: Practice Manager			
Processed 06/11/2014	·	* Electronically	provided signatures are accepted as origi	inal signa	atures.	·	·	