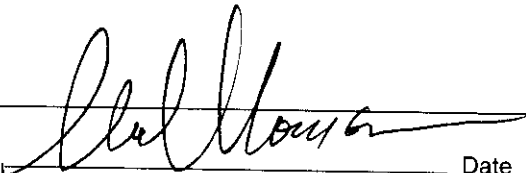


No. W 33976	Due no later than October 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX CHARLES W LOCUSON 1334 PAR LANE MCCALL, ID 83638																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SAGE ANESTHESIA SERVICES, PLLC 1334 PAR LANE PO BOX 650 MCCALL, ID 83638		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>CHARLES W LOCUSON</td> <td>PO BOX 650</td> <td>MCCALL</td> <td>ID</td> <td>83638</td> </tr> <tr> <td></td> <td>KARL JACOBSON</td> <td>12724 W. EDNA</td> <td>BOISE,</td> <td>ID</td> <td>83713</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		CHARLES W LOCUSON	PO BOX 650	MCCALL	ID	83638		KARL JACOBSON	12724 W. EDNA	BOISE,	ID	83713
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	KARL JACOBSON	12724 W. EDNA	BOISE,	ID	83713																
5. Organized Under the Laws of: IDAHO W 33976	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name <small>(Typed or Printed)</small> CHARLES W. LOCUSON </div> <div style="width: 35%;"> Date 8-15-05 Title MANAGER </div> </div>																				

Issued 08/01/2005

Do Not Tape or Staple

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