

No. C 140650	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX ALLAN R BOSCH 225 N 9TH ST STE 210 BOISE, ID 83702	
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 ORTHOPEDIC AMBULATORY ANESTHESIA, P MARGARET KASPAR 605 E ROOSTER CT EAGLE, ID 83616		3. New Registered Agent Signature	

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>
Pres.		Margaret Kaspar	605 E Rooster Ct.	Eagle	ID	83616
Sec.		Monty Markus	"	"	"	"

5. Organized Under the Laws of: IDAHO C 140650	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Margaret Kaspar</u></td> <td style="width: 40%;">Date <u>7/20/03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Margaret Kaspar</u></td> <td>Title <u>Pres.</u></td> </tr> </table>	Signature <u>Margaret Kaspar</u>	Date <u>7/20/03</u>	Name (Typed or Printed) <u>Margaret Kaspar</u>	Title <u>Pres.</u>
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