	Due no later than March 31, 2006	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	000 RIVERWALK DR STE 200
700 WEST JEFFERSON	SNAKE RIVER ANESTHESIA, PROFESSIONA	IPAHO FALLS, ID 83402
PO BOX 83720	GARY D CALL	15.1110 1 ALLO, 15 03402
BOISE, ID 83720-0080	PO BOX 417	
	BLACKFOOT, ID 83221	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		
Corporations: Enter Nan	nes and Business Addresses of President, Secreta	ary and Directors.
Office held Name	_	
Cont (to)	M P.O. Box 4/7 Bla	State Zip Word W 8322/
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5. Organized Under the Laws of:		
5. Organized Under the Laws of:	6.	1/2 2 /4 (
IDAHO	6. Signature Gand, Cull	Date 1/27/66
	6. Signature gand, Cull	Date 1/27/66
IDAHO	6.	Date 1/27/66
IDAHO	6. Signature gand, Cull	Date 1/27/66