

No. W 40781		Due no later than Jun 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		CECIL T JACKSON 42 WILD ROSE RD SALMON ID 83467			
		1. Mailing Address: Correct in this box if needed. RIVER OF NO RETURN ANESTHESIA, L.L.C. WAYNE J HAMBLIN 104 S. WARPETH SALMON ID 83467		3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CECIL T JACKSON	42 WILD ROSE RD	SALMON	ID	USA	83467	
5. Organized Under the Laws of: ID W 40781		6. Annual Report must be signed.* Signature: Wayne J Hamblin Name (type or print): Wayne J Hamblin Date: 05/07/2013 Title: Accountant					
Processed 05/07/2013		* Electronically provided signatures are accepted as original signatures.					