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| No. W 1855 | Due no later than Dec 31, 2012 Annual Report Form | 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 | 1. Mailing Address: Correct in this box if needed. ANESTHESIA ASSOCIATES OF COEUR D'ALENE, P.L.L.C. ERIK J PAYNE 1705 GOVERNMENT WAY COEUR D'ALENE ID 83814 | PATRICK W FLYNN 1705 GOVERNMENT WAY COEUR D'ALENE ID 83814 | | | | |
| | | 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 |
| MEMBER | ERIK J PAYNE | 1705 GOVERNMENT WAY | COEUR D'ALENE | ID | USA | 83814-3444 |
| 5. Organized Under the Laws of: ID W 1855 | 6. Annual Report must be signed.* Signature: Erik J Payne Name (type or print): Erik J Payne Date: 10/16/2012 Title: Managing Member | | | | | |
| Processed 10/16/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |