

No. <b>W 15085</b>	<b>Due no later than Apr 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		KIRK A MILLER MD 600 ROBBINS RD STE 401 BOISE ID 83702			
	INTERMOUNTAIN AMBULATORY ANESTHESIA PLLC KIRK A MILLER 600 ROBBINS RD STE 401 BOISE ID 83702		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	KIRK A MILLER	600 ROBBINS RD STE 401	BOISE	ID		83702
5. Organized Under the Laws of:  <b>ID</b> <b>W 15085</b>		6. Annual Report must be signed.* Signature: Kirk A Miller MD Name (type or print): Kirk A Miller MD		Date: 02/29/2016 Title: Manager		
Processed 02/29/2016		* Electronically provided signatures are accepted as original signatures.				