No. W 98227		Due no later than Nov 30, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to provide an appropriate and	JOHN DRISCOLL 100 HOSPITAL DR KETCHUM ID 83340 3. New Registered Agent Signature:*			
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. BIG WOOD ANESTHESIA ASSOCIATES PLLC JOHN J DRISCOLL PO BOX 3101 KETCHUM ID 83340						
				3. <u>New</u> Registe				
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JAMES CLEVELAND C & D ANESTHESIA PLLC		PO BOX 3101	KETCHUM	ID	USA	83340	
MEMBER	A.T. ANESTHESIA, P.C.		PO BOX 2279	KETCHUM	ID	USA	83340	
MEMBER	STEVEN C. FUNK MD P.C.		90 FREEDOM LOOP	BELLEVUE	ID	USA	83313	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 98227		Signature: James Cleveland			Date: 11/23/2016			
		Name (type or p		Title: Member				
Processed 11/23/2016 * Electronically provided signatures are accepted as original signatures.								