

No. <b>W 130442</b>	<b>Due no later than Oct 31, 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> SIESTA ANESTHESIA SERVICES, PLLC MICHAEL P ROSENKRANZ PO BOX 2556 SANDPOINT ID 83864		MICHAEL P ROSENKRANZ 434 S FLORENCE SANDPOINT ID 83864			
			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	MICHAEL ROSENKRANZ	434 S FLORENCE AVE	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 130442</b>	6. Annual Report must be signed.* Signature: Michael Rosenkranz Name (type or print): Michael Rosenkranz		Date: 09/04/2016 Title: member			
Processed 09/04/2016		* Electronically provided signatures are accepted as original signatures.				