

No. <b>W 82374</b>		<b>Due no later than Mar 31, 2018</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  GO 2 SLEEP ANESTHESIA, PLLC GREGORY P BAUER 504 S SHORE PINES RD POST FALLS ID 83854-9669 USA		GREGORY P BAUER 504 S SHORE PINES RD POST FALLS ID 83854-9669	
				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	GREGORY P BAUER	504 S SHORE PINES RD	POST FALLS	ID	USA 83854-9669
5. Organized Under the Laws of:  <b>ID W 82374</b>		6. Annual Report must be signed.* Signature: Gregory P Bauer Name (type or print): Gregory P Bauer Date: 01/23/2018 Title: Owner			
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.			