

No. W 98225	Due no later than Nov 30, 2015 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. C & D ANESTHESIA PLLC JAMES CLEVELAND PO BOX 2879 KETCHUM ID 83340		JOHN DRISCOLL 100 HOSPITAL DR KETCHUM ID 83340			
			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	JAMES CLEVELAND	PO BOX 2879	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID W 98225	6. Annual Report must be signed.* Signature: JAMES CLEVELAND Name (type or print): JAMES CLEVELAND		Date: 11/29/2015 Title: MEMBER			
Processed 11/29/2015		* Electronically provided signatures are accepted as original signatures.				