

No. W 105669		Due no later than Aug 31, 2018 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		1. Mailing Address: Correct in this box if needed. TWIN FALLS ANESTHESIA ASSOCIATES, L.L.C. ROBERT P KINGHORN 76 HORSESHOE CIRCLE JEROME ID 83338		ROBERT P KINGHORN 76 HORSESHOE CIRCLE JEROME ID 83338			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ROBERT P KINGHORN	Street or PO Address 76 HORSESHOE CIRCLE		City JEROME	State ID	Country USA	Postal Code 83338
5. Organized Under the Laws of: ID W 105669		6. Annual Report must be signed.* Signature: ROBERT KINGHORN Name (type or print): ROBERT KINGHORN Date: 06/30/2018 Title: president					
Processed 06/30/2018 * Electronically provided signatures are accepted as original signatures.							