

No. W 105669		Due no later than Aug 31, 2018		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. 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			
				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	ROBERT P KINGHORN	76 HORSESHOE CIRCLE	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 105669		Signature: ROBERT KINGHORN				Date: 06/30/2018	
		Name (type or print): ROBERT KINGHORN				Title: president	
Processed 06/30/2018		* Electronically provided signatures are accepted as original signatures.					