Reinstatement for W 35403

FILED EFFECTIVE

No. W 35403	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010	2. Registered Agent and Office (NOT A P.O. BOX) GENE JAMES TORTORELLA 3024 SAMUELS RD SANDPOINT ID 83864
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. GREY MOUNTAIN ANESTHESIA SERVICES, PLLC 3024 SAMUELS RD SANDPOINT ID 83864	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Sole Manager	Gene J Tortorella	3024 Samuels Rd	Sandpoint	ID	USA	83864

5. Organized Under the Laws of:	6.
IDAHO W 35403	Signature: [signature] Date: 3/11/10 Name (type or print): Gene J Tortorella Title: Dr.

Issued 03/11/2010 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

3/11/2010