

No. <b>W 40296</b>		<b>Due no later than Jun 30, 2015</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>1. Mailing Address: Correct in this box if needed.</b> JEFF MOOS ANESTHESIA SERVICES, LLC JEFFREY A. MOOS 5414 E FIRESTEED CT COEUR D ALENE ID 83814 USA		JEFFREY MOOS 5414 E FIRESTEED CT COEUR D'ALENE ID 83814	
				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	JEFFREY MOOS	5414 E. FIRESTEED CT	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 40296</b>		6. Annual Report must be signed.* Signature: Jeffrey Moos Name (type or print): Jeffrey Moos Date: 06/08/2015 Title: CRNA			
Processed 06/08/2015		* Electronically provided signatures are accepted as original signatures.			