

No. W 40296		Due no later than Jun 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		1. Mailing Address: Correct in this box if needed. 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			
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 JEFFREY MOOS	Street or PO Address 5414 E. FIRESTEED CT		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 40296		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.							