

No. W 152728		Due no later than Jun 30, 2017		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. RIVER WALK ANESTHESIA, PLLC BRIAN B PURCELL 3020 LUCINA AVE IDAHO FALLS ID 83401		BRIAN B PURCELL 3020 LUCINA AVE IDAHO FALLS ID 83401			
				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	
MANAGER	BRIAN B PURCELL	3020 LUCINA AVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 152728		Signature: Brian Purcell				Date: 07/24/2017	
		Name (type or print): Brian Purcell				Title: Manager	
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.					