No. W 29998		Due no later than Apr 30, 2007		2. Registered A	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INLAND ANESTHESIA, PLLC ROBERT MOSCOW SMITH 2300 W A ST MOSCOW ID 83843 83843		2300 W A ST MOSCOW II	ROBERT SMITH 2300 W A ST MOSCOW ID 83843 3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nar	nes and Address	es of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ROBERT SMITH		1181 IDLERS REST RD	MOSCOW	ID		83843	
MEMBER	SCOTT GRA	Υ	1436 RIDGVIEW DR	MOSCOW	ID		83843	
MEMBER	ROBERT L ELLISON		1028 COMPTON CT	MOSCOW	ID		83843	
MEMBER	STEVEN C.	REITZ	813 N. GRANT STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDA HO W 29998		Signature: R. Smith		D	Date: 02/13/2007			
		Name (type or print): R. Smith		Т	Title: Manager			
Processed 02/13/2007 * Electronically provided signatures are accepted as original signatures.								