No. <b>W 124670</b>		Due no later than Apr 30, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  BRINTON ANESTHESIA GROUP PLLC 1345 N LITTLE CREEK AVE MERIDIAN ID 83642		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				CLARK L BRINTON 1345 N LITTLE CREEK AVE MERIDIAN ID 83642  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nos and Addresses of at least one Me	mbor or Managor				
Office Held	Name	Street or PC	11.17	City	State	Country	Postal Code
MANAGER CLARK BRIN			LE CREEK AVE	MERIDIAN	ID	USA	88364
5. Organized Under the Laws of:  ID  W 124670		6. Annual Report must be signed.* Signature: Clark Brinton Name (type or print): Clark Brintor	Date: 02/26/2014 Title: Owner				
Processed 02/26/2014 * Electronically provided signatures are accepted as original signatures.							