

No. W 29999	Due no later than Apr 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		ROBERT L ELLISON 1028 COMPTON CT MOSCOW 83843			
	ROBERT L. ELLISON ANESTHESIA, PLLC ROBERT L ELLISON 1028 COMPTON CT MOSCOW ID 83843 USA		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	ROBERT L ELLISON	1028 COMPTON CT	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID W 29999		6. Annual Report must be signed.* Signature: Robert Ellison Name (type or print): Robert Ellison Date: 02/21/2015 Title: Manager/Owner				
Processed 02/21/2015		* Electronically provided signatures are accepted as original signatures.				