No. **W 98225**	**Due no later than Nov 30, 2013**	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.** C & D ANESTHESIA PLLC JOHN J DRISCOLL PO BOX 3101 KETCHUM ID 83340	JOHN DRISCOLL 100 HOSPITAL DR KETCHUM ID 83340 3. New 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
MEMBER	JAMES CLEVELAND	PO BOX 2879	KETCHUM	ID	USA	83340
MEMBER	JOHN DRISCOLL	PO BOX 3101	KETCHUM	ID	USA	83340

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 98225**	Signature: John Driscoll	Date: 11/24/2013
	Name (type or print): John Driscoll	Title: Member

Processed 11/24/2013

* Electronically provided signatures are accepted as original signatures.