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| No. W 5664 | | Due no later than Mar 31, 2011 | | 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. TREASURE VALLEY ANESTHESIA, PLLC CARLENE M CANFIELD PO BOX 95 MERIDIAN ID 83680 USA | | CARLENE M CANFIELD 2100 CLEARVUE CT WEST EAGLE ID 83616 | | | |
| | | | | 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 | |
| MEMBER | CARLENE M CANFIELD | PO BOX 95 | MERIDIAN | ID | USA | 83680 | |
| 5. Organized Under the Laws of: ID W 5664 | | 6. Annual Report must be signed.* Signature: Carlene M Canfield Name (type or print): Carlene M Canfield Date: 01/18/2011 Title: Owner/member/mgr | | | | | |
| Processed 01/18/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |