No. W 40296	Due no later than Jun 30, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	ing Address: Correct in this box if needed. 3425 GREENWICH RD COEUR D'ALENE ID 83815			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed.				
PO BOX 83720 BOISE, ID 83720-0080	JEFF MOOS ANESTHESIA SERVICES, LLC JEFFREY A. MOOS 3425 GREENWICH RD				
	COEUR D ALENE ID 83815	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
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 JEFFREY	MOOS 3425 GREENWICH RD	COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Jeffrey A Moos	Date: 05/06/2018			
W 40296	Name (type or print): Jeffrey A Moos	Title:			
Processed 05/06/2018	* Electronically provided signatures are accepted as original signatures.				