No. **J 1623**	**Due no later than Jun 30, 2017**	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.** ANESTHESIA ASSOCIATES INVESTMENT GROUP, LLP KARLA WOLD 338 E BANNOCK ST BOISE ID 83712	JAMES LINEBERGER 338 E BANNOCK BOISE ID 83712 3. New Registered Agent Signature:*

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	ROBERT M CENTENO MD	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	DOUGLAS W NICOLARSEN MD	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	MILTON G ERHART	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	JEFFERY J EIDSON	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	STEVEN J LOVE	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	LOUIS D VOULELIS	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	TERRY J KELLER MD	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	SETH H PRICE MD	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	TIMOTHY A BIALOBRZESKI DO	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	MICHAEL J DIGGS MD	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	ERIC DEUTSCH MD	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	RAPHAEL STREIFF MD	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	RYAN H MECHAM MD	338 E BANNOCK ST	BOISE	ID	USA	83712
PARTNER	JANEEN RICHINS	338 E BANNOCK ST	BOISE	ID	USA	83712

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **J 1623**	Signature: Karla Wold	Date: 05/19/2017
	Name (type or print): Karla Wold	Title: Office Manager

Processed 05/19/2017

* Electronically provided signatures are accepted as original signatures.