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| No. W 119552 | | Due no later than Dec 31, 2013 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. AISLING ANESTHESIA, LLC HEATHER JOYCE NASKER 746 S. JARBIDGE AVE MIDDLETON ID 83644 USA | | HEATHER NASKER 746 S. JARBIDGE AVE MIDDLETON ID 83644 | | | |
| | | | | 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 | HEATHER JOYCE NASKER | 746 S. JARBIDGE AVE | MIDDLETON | ID | USA | 83644 | |
| 5. Organized Under the Laws of: ID W 119552 | | 6. Annual Report must be signed.* Signature: Heather J. Nasker Name (type or print): Heather J. Nasker | | | | Date: 01/12/2014 Title: C.r.n.a. | |
| Processed 01/12/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |