

No. <b>W 136067</b>		<b>Due no later than Mar 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> SEI MOBILE ANESTHESIA, PLLC CAROL GILBERT PO BOX 4107 POCATELLO ID 83205		ERIC L OLSEN 505 PERSHING AVE POCATELLO ID 83201			
				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	DANIEL SNELL	333 N. 18TH, BLDG. A	POCATELLO	ID	USA	83201	
MEMBER	ROGER COOK	333 N. 18TH, BLDG. A	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 136067</b>		Signature: CAROL GILBERT		Date: 01/19/2016			
		Name (type or print): CAROL GILBERT		Title: PRACTICE ADMINISTRATOR			
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.					