No. <b>W 105669</b>		Due no later than Aug 31, 2016		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT P	ROBERT P KINGHORN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TWIN FALLS ANESTHESIA ASSOCIATES, L.L.C. ROBERT P KINGHORN 76 HORSESHOE CIRCLE JEROME ID 83338		JEROME ID	76 HORSESHOE CIRCLE JEROME ID 83338  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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 ROBERT P I		KINGHORN	76 HORSESHOE CIRCLE	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: robert P Kinghorn			Date: 07/07/2016			
W 105669		Name (type or		Title: president				
Processed 07/07/2016 * Electronically provided signatures are accepted as original signatures.								