

No. W 140222		Due no later than Jul 31, 2018 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		1. Mailing Address: Correct in this box if needed. SCHULTZ ANESTHESIA PLLC K GISELLE SCHULTZ 1693 W CARDINAL AVE HAYDEN ID 83835		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name K GISELLE SCHULTZ	Street or PO Address 1693 W. CARDINAL AVE.		City HAYDEN	State ID	Country USA	Postal Code 83835
5. Organized Under the Laws of: ID W 140222		6. Annual Report must be signed.* Signature: K.Schultz Name (type or print): K.Schultz Date: 05/21/2018 Title: CRNA					
Processed 05/21/2018 * Electronically provided signatures are accepted as original signatures.							