| No. W 137678 | Due no later than May 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|--|-------|---------|-------------|
| Return to: | Annual Report Form | BARRY C BEUTLER | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 2694 BALBOA WAY IDAHO FALLS ID 83404-8340 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | NORTH PEAK ANESTHESIA, PLLC BARRY C BEUTLER 2694 BALBOA WAY | 3. New Registered Agent Signature:* | | | |
| | IDAHO FALLS ID 83404 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | |
| 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 BARRY BEUT | TLER 2694 BALBOA WAY | IDAHO FALLS | ID | USA | 83404-8340 |
| 5 Ourseined Heden the Leves of | C Association in the simulation of the simulatio | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: Barry Beutler | Date: 03/20/2017 | | | |
| W 137678 | Name (type or print): Barry Beutler | Title: owner | | | |
| Processed 03/20/2017 | * Electronically provided signatures are accepted as original signatures. | | | | |