No. <b>W 98227</b>		Due no later than Nov 30, 2012	2. Registered A	2. Registered Agent and Address (NO PO BOX)  JOHN DRISCOLL  100 HOSPITAL DR  KETCHUM ID 83340			
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.	THE RESERVE AND ADDRESS OF THE PARTY OF THE				
		BIG WOOD ANESTHESIA ASSOCIATES PLLC JOHN A SEILLER ATTORNEY AT LAW PLLC PO BOX 6090					
		KETCHUM ID 83340	3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compar	nies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOHN DRISCOLL C & D ANESTHESIA PO BOX 3101 PLLC		KETCHUM	ID	USA	83340	
MEMBER	ALBERT TRE P.C.	EARSE A.T. ANESTHESIA, PO BOX 2279	KETCHUM	ID	USA	83340	
5. Organized Under the La	aws of:	6. Annual Report must be signed.*					
ID W 98227		Signature: John J. Driscoll	Date: 11/28/2012				
		Name (type or print): John J. Driscoll		Title: Member			
Processed 11/28/2012 * Electronically provided signatures are accepted as original signatures.							