

No. W 61762		Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. JENSEN ANESTHESIA, P.L.L.C. BLAKE JENSEN DO 1744 WILDFLOWER LANE TWIN FALLS ID 83301		BLAKE JENSEN DO 1744 WILDFLOWER LANE TWIN FALLS 83301	
				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	BLAKE JENSEN DO	1744 W WILDFLOWER LN	TWIN FALLS	ID	83301
5. Organized Under the Laws of: ID W 61762		6. Annual Report must be signed.* Signature: Blake Jensen Name (type or print): Blake Jensen Date: 03/03/2015 Title: member			
Processed 03/03/2015		* Electronically provided signatures are accepted as original signatures.			