

No. W 61762		Due no later than Apr 30, 2015 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. 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			
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 MEMBER	Name BLAKE JENSEN DO	Street or PO Address 1744 W WILDFLOWER LN		City TWIN FALLS	State ID	Country	Postal Code 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.							