

No. W 135089		Due no later than Mar 31, 2016		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. SEI ANESTHESIA, PLLC CAROL GILBERT PO BOX 4107 POCATELLO ID 83205		ERIC L OLSEN 505 PERSHING AVE POCATELLO ID 83201	
				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	DANIEL D SNELL	2975 CLEARWATER	POCATELLO	ID	USA 83201
5. Organized Under the Laws of: ID W 135089		6. Annual Report must be signed.* Signature: CAROL GILBERT Name (type or print): CAROL GILBERT Date: 01/19/2016 Title: PRACTICE ADMINISTRATOR			
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.			