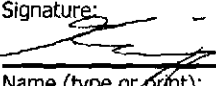


**FILED EFFECTIVE**

No. <b>W 83097</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/10/2013</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ADVANCED ANESTHESIA, LLC 115 CANYON ROAD MONTPELIER ID 83254		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> DORIAN GRUNIG 115 CANYON ROAD MONTPELIER ID 83254  <b>3. <u>New</u> Registered Agent Signature.</b>																																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DORIAN GRUNIG</td> <td>115 Canyon Rd.</td> <td>MONTPELIER</td> <td>ID</td> <td>USA</td> <td>83254</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	DORIAN GRUNIG	115 Canyon Rd.	MONTPELIER	ID	USA	83254	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 83097</b>	<b>6.</b> Signature:  Name (type or print): <u>DORIAN GRUNIG</u> Date: <u>7-1-2018</u> Title: <u>CPA</u>																																				

Issued 03/01/2018 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**