

No. W 97311		Due no later than Oct 31, 2011		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. WESTOVER ANESTHESIA PLLC SHAD B WESTOVER 1519 COVE RD WEISER ID 83672 USA		UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA	
				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
MANAGER	SHAD B WESTOVER	1519 COVE RD	WEISER	ID	USA 83672
5. Organized Under the Laws of: ID W 97311		6. Annual Report must be signed.* Signature: Shad B. Westover Name (type or print): Shad B. Westover Date: 09/02/2011 Title: Owner			
Processed 09/02/2011		* Electronically provided signatures are accepted as original signatures.			