

No. W 82724		Due no later than Mar 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. CENTRAL IDAHO ANESTHESIA, PLLC DALE C DICKINSON 85 HORSESHOE CIRCLE JEROME ID 83338 USA		DALE DICKINSON 85 HORSESHOE CIRCLE JEROME ID 83338			
				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	DALE C DICKINSON	85 HORSESHOE CR.	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 82724		Signature: Dale Dickinson				Date: 01/15/2011	
		Name (type or print): Dale Dickinson				Title: Manager	
Processed 01/15/2011		* Electronically provided signatures are accepted as original signatures.					