No. <b>W 71917</b>		Due no later than Mar 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  R & B ANESTHESIA, PLLC ROBERT K SMITH  1181 IDLERS REST RD MOSCOW ID 83843		1181 IDLERS MOSCOW II	ROBERT K SMITH  1181 IDLERS REST RD  MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
Office Held	Name	mes and Address	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
	ROBERT K SMITH ROBERT L ELLISON		1181 IDLERS REST RD 1028 COMPTON CT	MOSCOW MOSCOW	ID ID	Couriu y	83843 83843	
5. Organized Under the Laws of:  ID  W 71917		6. Annual Report must be signed.* Signature: Robert K. Smith Name (type or print): Robert K. Smith			Date: 04/21/2015 Title: Owner			
Processed 04/21/2015	* Electronically provided signatures are accepted as original signatures.							