

No. W 3040		Due no later than Oct 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANESTHESIOLOGY CONSULTANTS OF TREASURE VALLEY, P.L.L.C. THOMAS L. LARK, M.D. 8800 W. EMERALD BOISE ID 83704 USA		JOSEPH H UBERUAGA II 1111 W JEFFERSON SUITE 530 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				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	ROBERT TODD HORSEMAN	8800 WEST EMERALD	BOISE	ID	USA	83704	
MANAGER	THOMAS LAWRENCE LARK	8800 WEST EMERALD	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 3040		6. Annual Report must be signed.* Signature: Thomas L. Lark MD Name (type or print): Thomas L. Lark MD					
		Date: 08/26/2015 Title: Department Chairman					
Processed 08/26/2015 * Electronically provided signatures are accepted as original signatures.							