

No. <b>W 100033</b>		<b>Due no later than Jan 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		BRENDA L HATCH 300 E 100 N BLACKFOOT ID 83221-5902			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ALPINE ANESTHESIA, LLC BRENDA L HATCH 300 E 100 N BLACKFOOT ID 83221-5902					
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	BRENDA L HATCH	300 EAST 100 NORTH	BLACKFOOT	ID	USA	83221-5902	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 100033</b>		Signature: Brenda L. Hatch			Date: 12/01/2016		
		Name (type or print): Brenda L. Hatch			Title: Member		
Processed 12/01/2016		* Electronically provided signatures are accepted as original signatures.					