

No. W 83097		Due no later than Apr 30, 2012 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. ADVANCED ANESTHESIA, LLC 115 CANYON ROAD MONTPELIER ID 83254		DORIAN GRUNIG 115 CANYON ROAD MONTPELIER ID 83254			
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	DORIAN S GRUNIG	115 CANYON RD.	MONTPELIER	ID	USA	83254	
5. Organized Under the Laws of: ID W 83097		6. Annual Report must be signed.* Signature: Dorian Grunig Name (type or print): Dorian Grunig					
		Date: 04/02/2012 Title: President					
Processed 04/02/2012 * Electronically provided signatures are accepted as original signatures.							