

No. <b>W 5664</b>		<b>Due no later than Mar 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>		CARLENE M CANFIELD 2100 CLEARVUE CT WEST EAGLE ID 83616			
		<b>1. Mailing Address: Correct in this box if needed.</b> TREASURE VALLEY ANESTHESIA, PLLC CARLENE M CANFIELD PO BOX 95 MERIDIAN ID 83680		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	CARLENE M CANFIELD	PO BOX 95	MERIDIAN	ID		83680	
MEMBER	MARK C CANFIELD	PO BOX 95	MERIDIAN	ID	USA	83680	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 5664</b>		Signature: CARLENE M CANFIELD				Date: 01/21/2017	
		Name (type or print): CARLENE M CANFIELD				Title: OWNER	
Processed 01/21/2017		* Electronically provided signatures are accepted as original signatures.					