

No. W 152021		Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. RODGERS ANESTHESIA CRNA, PLLC KYLE RODGERS 1299 W RIVERSTONE DRIVE 100 COEUR D ALENE ID 83814		MICHAEL J BIBIN CPA 1299 W RIVERSTONE DR STE 100 COEUR D ALENE ID 83814	
				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
MANAGER	KYLE RODGERS	PO BOX 684	COEUR D'ALENE	ID	USA 83816
5. Organized Under the Laws of: ID W 152021		6. Annual Report must be signed.* Signature: Lisa L Stoker Name (type or print): Lisa L Stoker Date: 05/02/2016 Title: Preparer			
Processed 05/02/2016		* Electronically provided signatures are accepted as original signatures.			