

No. W 102759		Due no later than Apr 30, 2018		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. GROVE CITY ANESTHESIA, LLC BLAKE G PURCELL 216 N 300 W BLACKFOOT ID 83221		BLAKE G PURCELL 216 N 300 W BLACKFOOT ID 83221	
				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
MEMBER	BLAKE F G PURCELL	216 N 300 W	BLACKFOOT	ID	USA
Postal Code 83221					
5. Organized Under the Laws of: ID W 102759		6. Annual Report must be signed.* Signature: Blake Purcell Name (type or print): Blake Purcell Date: 03/01/2018 Title: President			
Processed 03/01/2018		* Electronically provided signatures are accepted as original signatures.			