

No. W131569		Due no later than Nov 30, 2014		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		1. Mailing Address: Correct in this box if needed. INLAND ANESTHESIA SERVICE, PLLC JOHN FONTANA 621 W 21ST AVE SPOKANE WA 99203		JOHN J FONTANA 520 N 3RD AVE SANDPOINT ID 83864-9920			
				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	JOHN FONTANA	621 W 21ST AVE	SPOKANE	WA	USA	99203	
5. Organized Under the Laws of: ID W131569		6. Annual Report must be signed.* Signature: J. Fontana Name (type or print): J. Fontana Date: 09/25/2014 Title: Owner					
Processed 09/25/2014		* Electronically provided signatures are accepted as original signatures.					