No. **W 152021**	**Due no later than May 31, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** RODGERS ANESTHESIA CRNA, PLLC MICHAEL J BIBIN, CPA 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. New 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	3043 W RIMBAUD AVENUE	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 152021**	Signature: Lisa L Stoker	Date: 05/15/2017
	Name (type or print): Lisa L Stoker	Title: Preparer

Processed 05/15/2017

* Electronically provided signatures are accepted as original signatures.