

No. <b>W 82724</b>		<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  CENTRAL IDAHO ANESTHESIA, PLLC DALE C DICKINSON 85 HORSESHOE CIRCLE JEROME ID 83338 USA		DALE DICKINSON 85 HORSESHOE CIRCLE JEROME 83338			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DALE C DICKINSON	Street or PO Address 85 HORSESHOE CR.		City JEROME	State ID	Country USA	Postal Code 83338
5. Organized Under the Laws of:  <b>ID</b> <b>W 82724</b>		6. Annual Report must be signed.*  Signature: Dale Dickinson Name (type or print): Dale Dickinson  Date: 01/26/2015 Title: Manager					
Processed 01/26/2015 * Electronically provided signatures are accepted as original signatures.							