

No. <b>W 30930</b>		<b>Due no later than May 31, 2013</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  BLACKFOOT ANESTHESIA SERVICES, LLC STEVE MCCLELLAN PO BOX 829 BLACKFOOT ID 83221 USA		STEVE MCCLELLAN 281 W 200 N 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	Postal Code	
MEMBER	STEVEN MCCLELLAN	281 W 200 N	BLACKFOOT	ID	USA	83221	
MEMBER	STACEY PATRICIA MCCLELLAN	281 W 200 N	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:  <b>ID W 30930</b>		6. Annual Report must be signed.* Signature: Steven McClellan Name (type or print): Steven McClellan					
		Date: 06/10/2013 Title: Member					
Processed 06/10/2013		* Electronically provided signatures are accepted as original signatures.					