

No. W 147557		Due no later than Feb 29, 2016		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. LEPPERT ANESTHESIA SERVICES PLLC JOSH LEPPERT 5987 N LA ROCHELLE DR COEUR D ALENE ID 83815 USA		LESLIE GOURLEY 315 EAST LOCUST AVENUE COEUR D ALENE ID 83814-8381	
				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
MANAGER	JOSH LEPPERT	5987 N LA ROCHELLE DR	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 147557		6. Annual Report must be signed.* Signature: Josh Leppert Name (type or print): Josh Leppert Date: 03/01/2016 Title: Manager			
Processed 03/01/2016		* Electronically provided signatures are accepted as original signatures.			