

No. W 5664		Due no later than Mar 31, 2015		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		Annual Report Form		CARLENE M CANFIELD 2100 CLEARVUE CT WEST EAGLE 83616			
		1. Mailing Address: Correct in this box if needed. TREASURE VALLEY ANESTHESIA, PLLC CARLENE M CANFIELD PO BOX 95 MERIDIAN ID 83680 USA		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	CARLENE M CANFIELD	PO BOX 95	MERIDIAN	ID		83680	
MEMBER	MARK C CANFIELD	PO BOX 95	MERIDIAN	ID	USA	83680	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 5664		Signature: CARLENE M CANFIELD				Date: 02/06/2015	
		Name (type or print): CARLENE M CANFIELD				Title: OWNER/MEMBER	
Processed 02/06/2015		* Electronically provided signatures are accepted as original signatures.					