

No. W 24143		Due no later than May 31, 2016 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		1. Mailing Address: Correct in this box if needed. RIVER CITY ANESTHESIA ASSOCIATES, P.L.L.C. RAYMOND BERTONI 1593 E POLSTON AVE POST FALLS ID 83854		RAYMOND BERTONI 1593 E POLSTON AVE POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name RAYMOND BERTONI	Street or PO Address 1593 E POLSTON AVE		City POST FALLS	State ID	Country USA	Postal Code 83854
5. Organized Under the Laws of: ID W 24143		6. Annual Report must be signed.* Signature: Amelia McCalmant Name (type or print): Amelia McCalmant Date: 03/23/2016 Title: Bookkeeper					
Processed 03/23/2016 * Electronically provided signatures are accepted as original signatures.							