

No. W 24143		Due no later than May 31, 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		Annual Report Form 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			
				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	RAYMOND BERTONI	1593 E POLSTON AVE	POST FALLS	ID	USA	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.					