

No. W 29999		Due no later than Apr 30, 2009		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. ROBERT L. ELLISON ANESTHESIA, PLLC ROBERT L . ELLI 1028 COMPTON CT MOSCOW ID 83843		ROBERT L ELLISON 1028 COMPTON CT MOSCOW ID 83843			
				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	ROBERT L ELLISON	1028 COMPTON CT	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 29999		Signature: Robert L Ellison				Date: 02/18/2009	
		Name (type or print): Robert L Ellison				Title: Manager	
Processed 02/18/2009		* Electronically provided signatures are accepted as original signatures.					