

No. W 117996		Due no later than Oct 31, 2014		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. INLAND NORTHWEST ANESTHESIA, PLLC ELEVEN FOURTEEN INC. 608 NORTHWEST BLVD STE 300 COEUR D ALENE ID 83814		ELEVEN FOURTEEN INC 608 NORTHWEST BLVD STE 300 COEUR D ALENE ID 83814			
				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	GO 2 SLEEP ANESTHESIA, PLLC	1296 E. POLSTON AVE., SUITE C	POST FALLS	ID	USA	83814	
MEMBER	DORAN R. THOMAS CRNA, P.C.	1296 E. POLSTON AVE., SUITE C	POST FALLS	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 117996		Signature: Tracy Bauer				Date: 08/19/2014	
		Name (type or print): Tracy Bauer				Title: Office Manager	
Processed 08/19/2014		* Electronically provided signatures are accepted as original signatures.					