

No. <b>W 117996</b>		<b>Due no later than Oct 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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:  <b>ID</b> <b>W 117996</b>		6. Annual Report must be signed.*  Signature: Tracy Bauer Name (type or print): Tracy Bauer					
		Date: 08/19/2014 Title: Office Manager					
Processed 08/19/2014		* Electronically provided signatures are accepted as original signatures.					