

No. <b>W 24143</b>	<b>Due no later than May 31, 2013</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> RIVER CITY ANESTHESIA ASSOCIATES, P.L.L.C. RON ROCK 1593 E POLSTON AVE POST FALLS ID 83854 USA		RON ROCK 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
MANAGER	RONALD H ROCK CRNA	1593 E POLSTON AVE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:  <b>ID W 24143</b>	6. Annual Report must be signed.* Signature: Gina Schneider Name (type or print): Gina Schneider		Date: 06/13/2013 Title: Bookkeeper			
Processed 06/13/2013		* Electronically provided signatures are accepted as original signatures.				