

No. <b>W 15085</b>		<b>Due no later than Apr 30, 2018</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>  INTERMOUNTAIN AMBULATORY ANESTHESIA PLLC KIRK A MILLER 600 ROBBINS RD STE 401 BOISE ID 83702		KIRK A MILLER MD 600 ROBBINS RD STE 401 BOISE ID 83702-8370		
<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
MANAGER	INTERMOUNTAIN AMBULATORY ANESTHESIA	600 N ROBBINS ROAD SUITE 400	BOISE	ID	83702	
5. Organized Under the Laws of:  <b>ID</b> <b>W 15085</b>		6. Annual Report must be signed.*  Signature: KIRK AARON MILLER Name (type or print): KIRK AARON MILLER  Date: 07/05/2018 Title: Manager				
Processed 07/05/2018      * Electronically provided signatures are accepted as original signatures.						