

No. W 15085		Due no later than Apr 30, 2018		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. 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	
				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: ID W 15085		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.			