

No. W 116327		Due no later than Aug 31, 2016		Annual Report Form		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. PAYNE FREE ANESTHESIA, PLLC ERIK PAYNE 212 W. IRONWOOD DR. SUITE D #287 COEUR D ALENE ID 83814		CHRISTOPHER M HARRISON 2100 NORTHWEST BLVD SUITE 400 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	
MANAGER	ERIK J PAYNE	2902 HELEN DR S	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 116327		6. Annual Report must be signed.* Signature: Erik J Payne Name (type or print): Erik J Payne Date: 07/15/2016 Title: president					
Processed 07/15/2016		* Electronically provided signatures are accepted as original signatures.					