

|  |                        |   |             |   |         |                  |  |
|--|------------------------|---|-------------|---|---------|------------------|--|
| No. <b>W 22199</b>   |                        | <b>Due no later than Jan 31, 2018</b>   |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                        | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>EAGLE ROCK ANESTHESIA, PLLC<br>PATRICK JANKOWSKI<br>5351 SPIRIT COVE<br>IDAHO FALLS ID 83404 |             | PATRICK JANKOWSKI<br>5351 SPIRIT COVE<br>IDAHO FALLS ID 83404 |         |                  |  |
|  |                        |   |             | 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   | PATRICK JOHN JANKOWSKI | 5351 SPIRIT COVE  | IDAHO FALLS | ID  | USA     | 83404            |  |
| 5. Organized Under the Laws of:  |                        | 6. Annual Report must be signed.*   |             |   |         |                  |  |
| <b>ID<br/>W 22199</b>  |                        | Signature: Patrick Jankowski  |             |   |         | Date: 11/27/2017 |  |
|  |                        | Name (type or print): Patrick Jankowski   |             |   |         | Title: member    |  |
| Processed 11/27/2017   |                        | * Electronically provided signatures are accepted as original signatures.   |             |   |         |                  |  |