No. **W 97311**	**Due no later than Oct 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.** WESTOVER ANESTHESIA PLLC SHAD B WESTOVER 1519 COVE RD WEISER ID 83672 USA	SHAD WESTOVER 1519 COVE RD WEISER ID 83672 3. New 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	SHAD B WESTOVER	1519 COVE RD	WEISER	ID	USA	83672

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 97311**	Signature: Shad B Westover	Date: 11/03/2016
	Name (type or print): Shad B Westover	Title: Manager

Processed 11/03/2016

* Electronically provided signatures are accepted as original signatures.