

No. W 117996	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. INLAND NORTHWEST ANESTHESIA, PLLC ELEVEN FOURTEEN INC. 608 NORTHWEST BLVD STE 300 COEUR D ALENE ID 83814		ELEVEN FOURTEEN INC 608 NORTHWEST BLVD STE 300 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
MEMBER	GO 2 SLEEP ANESTHESIA, PLLC	1002 NORTH SPOKANE STREET	POST FALLS	ID	USA	83814
MEMBER	DORAN R. THOMAS CRNA, P.C.	1002 NORTH SPOKANE STREET	POST FALLS	ID	USA	83814
5. Organized Under the Laws of: ID W 117996	6. Annual Report must be signed.* Signature: Dennis M. Davis Name (type or print): Dennis M. Davis		Date: 10/05/2016 Title: Registered Agent			
Processed 10/05/2016		* Electronically provided signatures are accepted as original signatures.				