No. <b>W 124670</b>	Due no later than Apr 30, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form CLARK L BRINTON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  BRINTON ANESTHESIA GROUP PLLC CLARK BRINTON 1345 N LITTLE CREEK AVE MERIDIAN ID 83642	1345 N LITTLE CREEK AVE MERIDIAN 83642  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		0. <u></u>			
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER CLARK BRII	ITON 1345 N LITTLE CREEK AVE	MERIDIAN	ID	USA	88364
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Clark brinton	Date: 02/15/2015			
W 124670	Name (type or print): Clark brinton	Title: Manager			
Processed 02/15/2015	* Electronically provided signatures are accepted as original signatures.				