| No. W 140222 | | Due no later than Jul 31, 2015 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|---|--|--------------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SCHULTZ ANESTHESIA PLLC K GISELLE SCHULTZ 1693 W CARDINAL AVE HAYDEN ID 83835 | | 950 BANNOC BOISE ID 8 | UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses | THE CONTRACT OF THE PARTY OF TH | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | K GISELLE SCHULTZ | | 1693 W. CARDINAL AVE. | HAYDEN | ID | USA | 83835 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 140222 | | Signature: G. Schultz | | | Date: 05/19/2015 | | | |
| | | Name (type or | 4 | Title: CRNA | | | | |
| Processed 05/19/2015 | 5 | * Electronically provided signatures are accepted as original signatures. | | | | | | |