

No. W 180860		Due no later than Apr 30, 2018		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. JD ANESTHESIA, PLLC 124 E MAIN STREET REXBURG ID 83440		JAXON DEAN ANDERSON 4518 TIMBERLINE RD REXBURG ID 83440			
				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	JAXON DEAN ANDERSON	4518 TIMBERLINE RD	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 180860		6. Annual Report must be signed.* Signature: JAXON ANDERSON Name (type or print): JAXON ANDERSON Date: 02/26/2018 Title: AGENT					
Processed 02/26/2018		* Electronically provided signatures are accepted as original signatures.					