No. <b>W 102032</b>				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.  GEM ANESTHESIA SERVICES, PLLC RYAN E WHITE 2700 EAST LOCUST STREET EMMETT ID 83617		2700 EAST L EMMETT ID	RYAN E WHITE 2700 EAST LOCUST STREET EMMETT ID 83617  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	me		Street or PO Address	City	State	Country	Postal Code	
MANAGER RYAN E WHITE		2700 EAST LOCUST STREET	EMMETT	ID	USA	83617		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ryan White			Date: 04/01/2016			
W 102032		Name (type or print): Ryan White			Title: Manager			
rocessed 04/01/2016 * Electronically provided signatures are accepted as original signatures.								