

No. W 30930		Due no later than May 31, 2011		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		Annual Report Form		STEVE MCCLELLAN 281 W 200 N BLACKFOOT ID 83221			
		1. Mailing Address: Correct in this box if needed. BLACKFOOT ANESTHESIA SERVICES, LLC STEVE MCCLELLAN PO BOX 829 BLACKFOOT ID 83221		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	STEVEN MCCLELLAN	281 W 200 N	BLACKFOOT	ID	USA	83221	
MEMBER	STACEY PATRICIA MCCLELLAN	281 W 200 N	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 30930		Signature: Steven McClellan			Date: 03/15/2011		
		Name (type or print): Steven McClellan			Title: Member		
Processed 03/15/2011		* Electronically provided signatures are accepted as original signatures.					