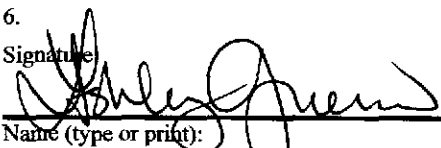


No. <b>W 119436</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/24/2017</b>		2. Registered Agent and Office (NOT A P.O. BOX)  BENJAMIN GUERCIO <del>14 RIVER RUN EST</del> <b>98 Riverside Dr.</b> BURLEY ID 83318
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  COUNT BACK FROM 10 ANESTHESIA LLC ASHLEY GUERCIO <del>14 RIVER RUN EST</del> <b>98 Riverside Dr</b> BURLEY ID 83318		3. <u>New</u> Registered Agent Signature.

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Benjamin Guercio	98 Riverside Dr	Burley	ID		83318
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Ashley Guercio	98 Riverside Dr	Burley	ID		83318
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 119436</b> </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>Signature: </p> <hr/> <p>Name (type or print): <b>Ashley Guercio</b></p> </div> <div style="width: 35%;"> <p>Date: <b>8/14/17</b></p> <hr/> <p>Title:</p> </div> </div>
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Issued 08/10/2017 by online