

No. W 102759		Due no later than Apr 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GROVE CITY ANESTHESIA, LLC BLAKE G PURCELL 216 N 300 W BLACKFOOT ID 83221		BLAKE G PURCELL 216 N 300 W BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BLAKE F G PURCELL	Street or PO Address 216 N 300 W		City BLACKFOOT	State ID	Country USA	Postal Code 83221
5. Organized Under the Laws of: ID W 102759		6. Annual Report must be signed.* Signature: Blake Purcell Name (type or print): Blake Purcell Date: 02/23/2016 Title: President					
Processed 02/23/2016 * Electronically provided signatures are accepted as original signatures.							