No. **W 40781**	**Due no later than Jun 30, 2010**	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** **1. Mailing Address: Correct in this box if needed.** RIVER OF NO RETURN ANESTHESIA, L.L.C. WAYNE J HAMBLIN 104 S. WARPATH SALMON ID 83467	CECIL T JACKSON 42 WILD ROSE RD SALMON ID 83467 3. New 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
MANAGER	CECIL T JACKSON	42 WILD ROSE RD	SALMON	ID	USA	83467

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Wayne J Hamblin	Date: 04/21/2010
W 40781	Name (type or print): Wayne J Hamblin	Title: Accountant

Processed 04/21/2010

* Electronically provided signatures are accepted as original signatures.