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| No. W 29994 | | Due no later than Apr 30, 2015 | | 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. ROBERT K. SMITH ANESTHESIA, PLLC ROBERT K. SMITH 1181 IDLERS REST RD MOSCOW ID 83843 | | ROBERT SMITH 1181 IDLERS REST RD MOSCOW 83843 | |
| | | | | 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 | ROBERT SMITH | 2509 IDLERS REST RD | MOSCOW | ID | 83843 |
| 5. Organized Under the Laws of: ID W 29994 | | 6. Annual Report must be signed.* Signature: Robert K. Smith Name (type or print): Robert K. Smith Date: 02/28/2015 Title: Owner | | | |
| Processed 02/28/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |