

No. W 83884		Due no later than May 31, 2014 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. LAKESIDE ANESTHESIA SERVICES LLC LORRAINE GRANFIELD PO BOX 1326 SAGLE ID 83860 USA		LORRAINE GRANFIELD 697 GRANITE RIDGE DRIVE SANDPOINT ID 83864			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	LORRAINE GRANFIELD	PO BOX 1326	SAGLE	ID	USA	83860	
MEMBER	BRADLEY GRANFIELD	PO BOX 1326	SAGLE	ID	USA	83860	
5. Organized Under the Laws of: ID W 83884		6. Annual Report must be signed.* Signature: Lorraine Granfield Name (type or print): Lorraine Granfield					
		Date: 05/10/2014 Title: Member					
Processed 05/10/2014 * Electronically provided signatures are accepted as original signatures.							