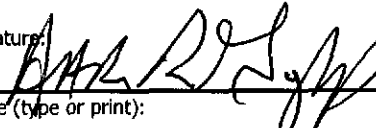


No. <b>W 138469</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/14/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AARON GOPP 2609 SW 3RD 1/2 AVE FRUITLAND ID 83619																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SAWTOOTH ANESTHESIA, LLC AARON GOPP 2609 SW 3RD 1/2 AVE FRUITLAND ID 83619		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Aaron Gopp</td> <td>2609 SW 3rd 1/2 Ave</td> <td>Fruitland, ID</td> <td>Payette,</td> <td></td> <td>83619</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Aaron Gopp	2609 SW 3rd 1/2 Ave	Fruitland, ID	Payette,		83619	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 138469</b>		6. Signature:  Name (type or print): Aaron Gopp			Date: <u>2/6/18</u> Title: <b>Managing Member</b>																																		
Issued 02/03/2018 by online																																							

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**