

|  |                  |  |      |  |         |  |  |
|--|------------------|--|------|--|---------|--|--|
| No. <b>W 61126</b>   |                  | <b>Due no later than Apr 30, 2016</b>  |      | <b>Annual Report Form</b>                          |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>SEEDALL ANESTHESIA, LLC<br>NATHAN G SEEDALL<br>PO BOX 133<br>IONA ID 83427        |      | NATHAN G SEEDALL<br>3858 HADERLIE<br>IONA ID 83427 |         | 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   | NATHAN G SEEDALL | PO BOX 133   | IONA | ID   |         | 83427  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 61126</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Nathan Seedall<br>Name (type or print): Nathan Seedall<br>Date: 05/30/2016<br>Title: President |      |  |         |  |  |
| Processed 05/30/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |      |  |         |  |  |