

No. <b>W 117996</b>		<b>Due no later than Oct 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  INLAND NORTHWEST ANESTHESIA, PLLC RENEE SMITH WITHERSPOON KELLEY 422 W RIVERSIDE STE 1100 SPOKANE WA 99201		ELEVEN FOURTEEN INC 608 NORTHWEST BLVD STE 300 COEUR D ALENE ID 83814			
				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	GO 2 SLEEP ANESTHESIA, PLLC	1296 E. POLSTON AVE., SUITE C	POST FALLS	ID	USA	83814	
MEMBER	DORAN R. THOMAS CRNA, P.C.	1296 E. POLSTON AVE., SUITE C	POST FALLS	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 117996</b>		Signature: Eleven-Fourteen, Inc.				Date: 08/12/2013	
		Name (type or print): Eleven-Fourteen, Inc.				Title: Registered Agent	
Processed 08/12/2013		* Electronically provided signatures are accepted as original signatures.					