

No. J 2351		Due no later than Feb 28, 2018		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. WEST IDAHO ANESTHESIA LLP JOHN KERFOOT 5534 ELKRIDGE CT FRUITLAND ID 83619		JOHN R KERFOOT 5534 ELKRIDGE CT FRUITLAND ID 83619	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PARTNER	KERFOTT ENTERPRISES LLC	5534 ELKRIDGE CT	FRUITLAND	ID	83619
PARTNER	WESTOVER ANESTHESIA PLLC	1519 COVE RD	WEISER	ID	83672
5. Organized Under the Laws of: ID J 2351		6. Annual Report must be signed.* Signature: Heather Hudson Name (type or print): Heather Hudson Date: 03/15/2018 Title: Bookkeeper			
Processed 03/15/2018		* Electronically provided signatures are accepted as original signatures.			