

No. W 96395		Due no later than Sep 30, 2014		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		MARIA C BARKER 2355 E 6TH ST MOSCOW ID 83843			
		1. Mailing Address: Correct in this box if needed. SWEET DREAMS ANESTHESIA LLC MARIA C BODE 2355 E 6TH ST MOSCOW ID 83843 USA		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	
MANAGER	MARIA C BODE	2355 E 6TH ST	MOSCOW	ID	USA	83843-83843	
5. Organized Under the Laws of: ID W 96395		6. Annual Report must be signed.* Signature: Maria C. Bode Name (type or print): Maria C. Bode Date: 07/25/2014 Title: Operating Manager					
Processed 07/25/2014		* Electronically provided signatures are accepted as original signatures.					