No. <b>W 136067</b>		Due no later than Mar 31, 2015 2. Registered Agent and Address (NO PO BOX				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SEI MOBILE ANESTHESIA, PLLC CAROL GILBERT PO BOX 4107 POCATELLO ID 83205	ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.	J. New Regist	ered Agent 3	ignature.	
	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER [	DANIEL SNEI ROGER COO	L 333 N. 18TH, BLDG. A	POCATELLO POCATELLO	ID ID	USA USA	83201 83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Eric L. Olsen	Date: 05/20/2015			
W 136067		Name (type or print): Eric L. Olsen	Title: Registered Agent			
Processed 05/20/2015 * Electronically provided signatures are accepted as original signatures.						