

No. W 75280		Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SANDMAN ANESTHESIA, PLLC 1951 W POLO GREEN AVE POST FALLS ID 83854-9792		JASON MARSHALL 1951 W POLO GREEN AVE POST FALLS ID 83854-9792			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JASON D MARSHALL	Street or PO Address 1951 W POLO GREEN AVE		City POST FALLS	State ID	Country USA	Postal Code 83854
5. Organized Under the Laws of: ID W 75280		6. Annual Report must be signed.* Signature: Jason Marshall Name (type or print): Jason Marshall Date: 05/08/2018 Title: Owner/Managing member					
Processed 05/08/2018 * Electronically provided signatures are accepted as original signatures.							