

No. <b>W 96395</b>		<b>Due no later than Sep 30, 2016</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> SWEET DREAMS ANESTHESIA LLC MARIA C BODE 2515 ITANI DR. MOSCOW ID 83843		MARIA C BARKER 2515 ITANI DR. MOSCOW ID 83843			
				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	2515 ITANI DR.	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID W 96395</b>		6. Annual Report must be signed.* Signature: Maria C. Bode Name (type or print): Maria C. Bode Date: 08/13/2016 Title: Opr mgr					
Processed 08/13/2016		* Electronically provided signatures are accepted as original signatures.					