No. <b>W 102032</b>		Due no later than Apr 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	RYAN E WH				
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  GEM ANESTHESIA SERVICES, PLLC RYAN E WHITE 2563 W S SLOPE RD EMMETT ID 83617		2563 W S SLOPE RD EMMETT ID 83617			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RYAN E W						
	EMMETT ID			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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 RYAN E WHITE		2563 WEST SOUTH SLOPE ROAD	EMMETT	ID	USA	83617	
5. Organized Under the Laws of: 6. Annual		ort must be signed.*					
ID	Signature:	Signature: Ryan White		Date: 02/23/2012			
W 102032	Name (type	Name (type or print): Ryan White		Title: CEO/President			
Processed 02/23/2012	* Electronically	* Electronically provided signatures are accepted as original signatures.					