No. W 3040 Return to:		Due no later than Oct 31, 2016 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX)			
					JOSEPH H UBERUAGA II 1111 W JEFFERSON SUITE 530 BOISE ID 83702			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Mailing Address: Correct in this box if needed. ANESTHESIOLOGY CONSULTANTS OF TREASURE VALLEY,		BOISE ID				
		P.L.L.C. THOMAS L. LARK, M.D. 8800 W. EMERALD BOISE ID 83704						
				3. New Regist	3. New Registered Agent Signature:*			
4. Limited Liability Con	npanies: Enter Na	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER			8800 WEST EMERALD 8800 WEST EMERALD	BOISE BOISE	ID ID	USA USA	83704 83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thomas Lark MD			Date: 10/10/2016			
W 3040		Name (type or pr		Title: Manager				
Processed 10/10/2016	<u> </u>	* Electronically prov	ided signatures are accepted as original s	ignatures.				