No. **W 35403**	**Due no later than Dec 31, 2011** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** GREY MOUNTAIN ANESTHESIA SERVICES, PLLC GENE J TORTORELLA, M.D. 3024 SAMUELS RD SANDPOINT ID 83864 USA	GENE JAMES TORTORELLA 3024 SAMUELS RD SANDPOINT ID 83864 3. New 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
MEMBER	GENE J TORTORELLA	3024 SAMUELS RD	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 35403**	Signature: Gene J Tortorella, M.D.	Date: 12/27/2011
	Name (type or print): Gene J Tortorella, M.D.	Title: Physician, Manager

Processed 12/27/2011

* Electronically provided signatures are accepted as original signatures.