No. W 152021		Due no later than May 31, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL J BIBIN CPA 1299 W RIVERSTONE DR STE 100 COEUR D ALENE ID 83814				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		RODGERS ANESTHESIA CRNA, PLLC MICHAEL J BIBIN, CPA 1299 W RIVERSTONE DRIVE 100						
				3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF		COEUR D ALENE ID 83814						
RECEIVED BY DUE DATE								
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 KYLE RODGE		ERS	2143 FOREST DRIVE		SEASIDE	OR	USA	97138
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lisa L Stoker			Date: 05/23/2018			
W 152021		Name (type or print): Lisa L Stoker			Title: Preparer			
Processed 05/23/2018 * Electronically provided signatures are accepted as original signatures.								