

No. W 111490		Due no later than Feb 28, 2018		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. ATLAS ANESTHESIA PLLC DAVID SHAWN ALLEN 5762 N ROSA SPRINGS AVE MERIDIAN ID 83646		DAVID SHAWN ALLEN 5762 N ROSA SPRINGS AVE MERIDIAN ID 83646			
				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	
MEMBER	DAVID SHAWN ALLEN	5762 N ROSA SPRINGS AVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID W 111490		6. Annual Report must be signed.* Signature: David S Allen Name (type or print): David S Allen					
		Date: 12/29/2017 Title:)wner/President					
Processed 12/29/2017		* Electronically provided signatures are accepted as original signatures.					