

No. <b>W 111490</b>	<b>Due no later than Feb 28, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name DAVID SHAWN ALLEN	Street or PO Address 5762 N ROSA SPRINGS AVE	City MERIDIAN	State ID	Country USA	Postal Code 83646
5. Organized Under the Laws of:  <b>ID</b> <b>W 111490</b>	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.					