

No. W 131569		Due no later than Nov 30, 2017		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. INLAND ANESTHESIA SERVICE, PLLC JOHN FONTANA 1206 S MCCLELLAN ST SPOKANE WA 99204 USA		JOHN J FONTANA 520 N 3RD AVE SANDPOINT ID 83864-9920			
				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	JOHN FONTANA	1206 S MCCLELLAN ST	SPOKANE	WA	USA	99204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 131569		Signature: John Fontana				Date: 12/23/2017	
		Name (type or print): John Fontana				Title: Owner	
Processed 12/23/2017		* Electronically provided signatures are accepted as original signatures.					