

No. **W 40296**Due no later than **June 30, 2008****Annual Report Form**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JEFF MOOS ANESTHESIA SERVICES, LLC
7042 E HIGH VIEW DR
COEUR D ALENE, ID 838142. Registered Agent and Office **NO PO BOX**JEFFREY MOOS
7042 E HIGH VIEW DR
COEUR D ALENE, ID 83814**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office heldNameStreet or P.O. AddressCityStateZip

Pres. *Jeff Moos* *7042 E. High View Dr* *COA* *ID.* *83814*

5. Organized Under the Laws of:

IDAHO
W 40296

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 04/01/2008

Do Not Tape or Staple

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