

No. <b>W 140838</b>		<b>Due no later than Aug 31, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MOBILE ANESTHESIOLOGY CARE, PLLC SCOTT HUNSAKER 139 RIVER VISTA PL #202 TWIN FALLS ID 83301		SCOTT HUNSAKER 139 RIVER VISTA PL #202 TWIN FALLS ID 83301			
				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	DARIN POWELL	139 RIVER VISTA PLACE #202	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 140838</b>		Signature: Scott Hunsaker				Date: 06/22/2015	
		Name (type or print): Scott Hunsaker				Title: Accountant	
Processed 06/22/2015		* Electronically provided signatures are accepted as original signatures.					