

No. W 140838		Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				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 DARIN POWELL	Street or PO Address 139 RIVER VISTA PLACE #202		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 140838		6. Annual Report must be signed.* Signature: Scott Hunsaker Name (type or print): Scott Hunsaker Date: 06/22/2015 Title: Accountant					
Processed 06/22/2015 * Electronically provided signatures are accepted as original signatures.							