No. W 71917		Due no later than Mar 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. R & B ANESTHESIA, PLLC ROBERT K SMITH 1181 IDLERS REST RD MOSCOW ID 83843		1181 IDLERS MOSCOW II	ROBERT K SMITH 1181 IDLERS REST RD MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
		mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	ROBERT K SMITH ROBERT L ELLISON		1181 IDLERS REST RD 1028 COMPTON CT	MOSCOW MOSCOW	ID ID	USA USA	83843 83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 71917		Signature: Robert K Smith			Date: 03/04/2014			
		Name (type o	or print): Robert K Smith		Title: Owner			
Processed 03/04/2014 * Electronically provided signatures are accepted as original signatures.								