

No. W 137678	Due no later than May 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTH PEAK ANESTHESIA, PLLC BARRY C BEUTLER 2694 BALBOA WAY IDAHO FALLS ID 83404 USA		BARRY C BEUTLER 2694 BALBOA WAY IDAHO FALLS ID 83404-8340			
			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
MANAGER	BARRY BEUTLER	2694 BALBOA WAY	IDAHO FALLS	ID	USA	83404-8340
5. Organized Under the Laws of: ID W 137678	6. Annual Report must be signed.* Signature: Barry Beutler Name (type or print): Barry Beutler		Date: 03/22/2016 Title: manager			
Processed 03/22/2016		* Electronically provided signatures are accepted as original signatures.				