

No. W 98225		Due no later than Nov 30, 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		1. Mailing Address: Correct in this box if needed. C & D ANESTHESIA PLLC JAMES CLEVELAND PO BOX 2879 KETCHUM ID 83340		JAMES CLEVELAND 100 HOSPITAL DR KETCHUM ID 83340			
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 JAMES CLEVELAND	Street or PO Address PO BOX 2879		City KETCHUM	State ID	Country USA	Postal Code 83340
5. Organized Under the Laws of: ID W 98225		6. Annual Report must be signed.* Signature: james cleveland Name (type or print): james cleveland Date: 01/05/2017 Title: agent					
Processed 01/05/2017 * Electronically provided signatures are accepted as original signatures.							