

No. W 54452		Due no later than Sep 30, 2010		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. PROFESSIONAL ANESTHESIA SERVICES, PLLC. JULIE M BENZIE 3510 NE JUNE LANE MOUNTAIN HOME ID 83647 USA		JULIE BENZIE 3510 NE JUNE LANE MOUNTAIN HOME ID 83647		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	JULIE ACARREGUI	3510 NE JUNE LANE	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of: ID W 54452		6. Annual Report must be signed.* Signature: Julie Benzie Name (type or print): Julie Benzie Date: 10/07/2010 Title: Owner					
Processed 10/07/2010		* Electronically provided signatures are accepted as original signatures.					