No. W 98227		Due no later than Nov 30, 2014 Annual Report Form		2. Registered A	Registered Agent and Address (NO PO BOX) JOHN DRISCOLL			
Return to:				to provide advanced an easy for				
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.			100 HOSPITAL DR KETCHUM 83340			
		BIG WOOD ANESTHESIA ASSOCIATES PLLC JOHN J DRISCOLL PO BOX 3101 KETCHUM ID 83340		3. New Registered Agent Signature:*				
				or <u>reser</u> registed ou right of grided of				
4. Limited Liability Compar	nies: Enter Nar	nes and Addresses of at	least one Member or Manager.	•				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	STEVEN C. FUNK MD P.C. JOHN DRISCOLL C & D ANESTHESIA PLLC A.T. ANESTHESIA, P.C.		90 FREEDOM LOOP	BELLEVUE	ID	USA	83313	
MEMBER			PO BOX 3101	KETCHUM	ID	USA	83340	
MEMBER			PO BOX 2279	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID W 98227		Signature: John J. Driscoll			Date: 11/28/2014			
		Name (type or print): John J. Driscoll		Title: Member				
Processed 11/28/2014 * Electronically provided signatures are accepted as original signatures.								