No. **W 61762**	**Due no later than Apr 30, 2014** **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.** JENSEN ANESTHESIA, P.L.L.C. BLAKE JENSEN DO 1744 WILDFLOWER LANE TWIN FALLS ID 83301	BLAKE JENSEN DO 1744 WILDFLOWER LANE TWIN FALLS ID 83301 3. New 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	BLAKE JENSEN DO	1744 W WILDFLOWER LN	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 61762**	Signature: Blake B Jensen	Date: 02/26/2014
	Name (type or print): Blake B Jensen	Title: Member

Processed 02/26/2014

* Electronically provided signatures are accepted as original signatures.