

No. W 26009		Due no later than Sep 30, 2011		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. EDGECREEK ANESTHESIA, P.L.L.C. JOSEPH S FUNK 4873 S WOLF LODGE CREEK ROAD COEUR D ALENE ID 83814 USA		JOSEPH S FUNK 4873 S WOLF LODGE CREEK ROAD COEUR D'ALENE ID 83814		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	JOSEPH S FUNK	S 4873 WOLF LODGE CRK RD	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 26009		6. Annual Report must be signed.* Signature: Joseph S. Funk Name (type or print): Joseph S. Funk		Date: 08/05/2011 Title: Manager			
Processed 08/05/2011		* Electronically provided signatures are accepted as original signatures.					