

No. W 30930		Due no later than May 31, 2015		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		Annual Report Form		STEVE MCCLELLAN 281 W 200 N BLACKFOOT ID 83221	
		1. Mailing Address: Correct in this box if needed. BLACKFOOT ANESTHESIA SERVICES, LLC STEVE MCCLELLAN PO BOX 829 BLACKFOOT ID 83221 USA		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	STEVEN MCCLELLAN	281 W 200 N	BLACKFOOT	ID	83221
MEMBER	STACEY PATRICIA MCCLELLAN	281 W 200 N	BLACKFOOT	ID	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 30930		Signature: Steve McClellan		Date: 06/22/2015	
		Name (type or print): Steve McClellan		Title: member	
Processed 06/22/2015		* Electronically provided signatures are accepted as original signatures.			