

No. W 82724		Due no later than Mar 31, 2013		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 1. Mailing Address: Correct in this box if needed. CENTRAL IDAHO ANESTHESIA, PLLC DALE C DICKINSON 85 HORSESHOE CIRCLE JEROME ID 83338 USA		DALE DICKINSON 85 HORSESHOE CIRCLE JEROME ID 83338	
				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	DALE C DICKINSON	85 HORSESHOE CR.	JEROME	ID	USA 83338
5. Organized Under the Laws of: ID W 82724		6. Annual Report must be signed.* Signature: Dale Dickinson Name (type or print): Dale Dickinson Date: 01/16/2013 Title: Manager			
Processed 01/16/2013		* Electronically provided signatures are accepted as original signatures.			