

No. <b>W 29999</b>		<b>Due no later than Apr 30, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> ROBERT L. ELLISON ANESTHESIA, PLLC ROBERT L ELLISON 1028 COMPTON CT MOSCOW ID 83843 USA		ROBERT L ELLISON 1028 COMPTON CT MOSCOW ID 83843			
				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	ROBERT L ELLISON	1028 COMPTON CT	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID W 29999</b>		6. Annual Report must be signed.* Signature: Robert Ellison Name (type or print): Robert Ellison Date: 03/19/2013 Title: Manager/Member					
Processed 03/19/2013		* Electronically provided signatures are accepted as original signatures.					