

No. W 15085		Due no later than Apr 30, 2012		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		KIRK A MILLER MD 600 ROBBINS RD STE 401 BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN AMBULATORY ANESTHESIA PLLC KIRK A MILLER 600 ROBBINS RD STE 401 BOISE ID 83702 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	
MANAGER	KIRK A MILLER	600 ROBBINS RD STE 401	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 15085		Signature: Kirk Miller			Date: 02/20/2012		
		Name (type or print): Kirk Miller			Title: Manager		
Processed 02/20/2012		* Electronically provided signatures are accepted as original signatures.					