

No. W 85007		Due no later than Jun 30, 2014		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		BRUCE DEMKO 59 HORIZON DR SAGLE ID 83860			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		INNOVATIVE ANESTHESIA, PLLC BRUCE DEMKO 59 HORIZON DR SAGLE ID 83860 USA					
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	BRUCE DEMKO	59 HORIZON DR	SAGLE	ID	USA	83860	
MEMBER	STUART GALL	235 SOUTH SAGLE RD	SAGLE	ID	USA	83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 85007		Signature: Bruce Demko			Date: 04/13/2014		
		Name (type or print): Bruce Demko			Title: Manager		
Processed 04/13/2014		* Electronically provided signatures are accepted as original signatures.					