

No. W 163502	Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MORPHEUS ONE THREE ANESTHESIA, PLLC SAMUEL L BERGERER CRNA 2165 IRENE LANE IDAHO FALLS ID 83404		SAMUEL L BERGERER CRNA 2165 IRENE LANE IDAHO FALLS ID 83440-8344				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SAMUEL BERGERER CRNA	Street or PO Address 2165 IRENE LANE	City IDAHO FALLS	State ID	Country USA	Postal Code 83404	
5. Organized Under the Laws of: ID W 163502	6. Annual Report must be signed.* Signature: JEN KENNEDY Name (type or print): JEN KENNEDY						Date: 04/03/2017 Title: CPA
Processed 04/03/2017	* Electronically provided signatures are accepted as original signatures.						