

No. W 96395		Due no later than Sep 30, 2011		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. SWEET DREAMS ANESTHESIA LLC MARIA C BODE 2355 E 6TH ST MOSCOW ID 83843 USA		MARIA C BARKER 2355 E 6TH ST 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	MARIA C BODE	2355 E 6TH ST	MOSCOW	ID	USA 83843-83843
5. Organized Under the Laws of: ID W 96395		6. Annual Report must be signed.* Signature: Maria C. Bode Name (type or print): Maria C. Bode Date: 10/23/2011 Title: Operating Manager			
Processed 10/23/2011		* Electronically provided signatures are accepted as original signatures.			