

No. W 116327		Due no later than Aug 31, 2014 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. PAYNE FREE ANESTHESIA, PLLC ERIK PAYNE 212 W. IRONWOOD DR. SUITE D #287 COEUR D ALENE ID 83814 USA		CHRISTOPHER M HARRISON 2100 NORTHWEST BLVD SUITE 400 COEUR D ALENE ID 83814		
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 ERIK J PAYNE	Street or PO Address 212 W. IRONWOOD DR. SUITE D #287	City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 116327		6. Annual Report must be signed.* Signature: Erik J Payne Name (type or print): Erik J Payne Date: 07/19/2014 Title: Manager				
Processed 07/19/2014 * Electronically provided signatures are accepted as original signatures.						