No. <b>W 40296</b>		Due no later than Jun 30, 2017		[	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JEFFREY MOOS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  JEFF MOOS ANESTHESIA SERVICES, LLC  JEFFREY A. MOOS  6892 N BAUDELAIRE DR  COEUR D ALENE ID 83815			6892 N BAUDELAIRE DR COEUR D'ALENE ID 83815  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA Manager of at least are Manager at Manager						
2000		ames and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	MBER JEFFREY MOOS		6892 N BAUDELAIRE DR		COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jeffrey A. Moos			Date: 05/13/2017			
W 40296		Name (type or print): Jeffrey A. Moos			Title: CRNA			
Processed 05/13/2017 * Electronically provided signatures are accepted as original signatures.								