

No. W 100033		Due no later than Jan 31, 2012		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		BRENDA L HATCH 300 E 100 N BLACKFOOT ID 83221			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ALPINE ANESTHESIA, LLC BRENDA L HATCH 300 E 100 N BLACKFOOT ID 83221					
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	
MEMBER	BRENDA L HATCH	300 EAST 100 NORTH	Blackfoot	ID	USA	83221-83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 100033		Signature: Brenda L. Hatch			Date: 11/22/2011		
		Name (type or print): Brenda L. Hatch			Title: Member		
Processed 11/22/2011		* Electronically provided signatures are accepted as original signatures.					