

No. W 49142	Due no later than Mar 31, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		JOSEPH C SKINNER JR 750 SW WRIGHT PL MTN HOME ID 83647			
	SKINNER ANESTHESIA, PLLC JOSEPH C SKINNER JR 750 SW WRIGHT PL MTN HOME ID 83647		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	JOSEPH C SKINNER JR	750 SW WRIGHT PL	MTN HOME	ID	USA	83647
5. Organized Under the Laws of: ID W 49142		6. Annual Report must be signed.* Signature: Joseph C Skinner Jr Name (type or print): Joseph C Skinner Jr		Date: 01/18/2009 Title: Manager		
Processed 01/18/2009		* Electronically provided signatures are accepted as original signatures.				