

No. <b>W 29999</b>		<b>Due no later than Apr 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ROBERT L. ELLISON ANESTHESIA, PLLC ROBERT L. ELLI 1028 COMPTON CT MOSCOW ID 83843		ROBERT L ELLISON 1028 COMPTON CT MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 ROBERT L ELLISON	Street or PO Address 1028 COMPTON CT		City MOSCOW	State ID	Country USA	Postal Code 83843
5. Organized Under the Laws of:  <b>ID</b> <b>W 29999</b>		6. Annual Report must be signed.*  Signature: Robert Ellison Name (type or print): Robert Ellison  Date: 02/07/2011 Title: Manager					
Processed 02/07/2011 * Electronically provided signatures are accepted as original signatures.							