

|  |                   |  |        |  |                     |
|--|-------------------|--|--------|--|---------------------|
| No. <b>W 28431</b>   |                   | <b>Due no later than Feb 28, 2017</b>  |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TREASURE VALLEY UROLOGY SERVICES, LLC<br>LITHOTRIPTERS INC<br>9825 SPECTRUM DR BLDG 3<br>AUSTIN TX 78717 |        | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |                     |
|  |                   |  |        | 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  | LITHOTRIPTERS INC | 9825 SPECTRUM DR BLDG 3  | AUSTIN | TX   | 78717               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 28431</b>   |                   | 6. Annual Report must be signed.*<br>Signature: James D Clark<br>Name (type or print): James D Clark<br>Date: 02/20/2017<br>Title: Treasurer   |        |  |                     |
| Processed 02/20/2017   |                   | * Electronically provided signatures are accepted as original signatures.  |        |  |                     |