

No. W 16425		Due no later than Sep 30, 2015 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		1. Mailing Address: Correct in this box if needed. NORTH IDAHO ENDOSCOPY CENTER, PLLC ROBERT R CHATTERS 243 W SUNSET AVE COEUR D'ALENE ID 83815-8305 USA		DR STAN TOELLE 2003 KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	DR STAN TOELLE	2003 KOOTENAI HEALTH WAY	COEUR D'ALENE	ID	USA	83814	
MEMBER	DR MICHAEL JAMES	2003 KOOTENAI HEALTH WAY	COEUR D'ALENE	ID	USA	83814	
MEMBER	DR GAVIN YOUNG	2003 KOOTENAI HEALTH WAY	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 16425		6. Annual Report must be signed.* Signature: Robert R Chatters Name (type or print): Robert R Chatters					
		Date: 07/20/2015 Title: CPA					
Processed 07/20/2015 * Electronically provided signatures are accepted as original signatures.							