

No. W 17585	Due no later than Dec 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BLUE LAKES GASTROENTEROLOGY, P.L.L.C. JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		ROBERT M WARD MD PA 401 GOODING ST N, SUITE 201 TWIN FALLS ID 83301			
			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	ROBERT M WARD MD PA	775 POLE LINE ROAD WEST, SUITE	TWIN FALLS	ID		83301
MEMBER	SETH WHEELER MD PA	775 POLE LINE ROAD WEST, SUITE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 17585	6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman		Date: 12/01/2015 Title: Agent			
Processed 12/01/2015		* Electronically provided signatures are accepted as original signatures.				