No. <b>W 3073</b>	Due n	Due no later than Oct 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DARRYL B. COOK, M.D.			
SECRETARY OF STATE	1. Mailing Addı	1. Mailing Address: Correct in this box if needed.  SOUTHEAST IDAHO GASTROENTEROLOGY, P.L.L.C. DARRYL B. COOK, M.D.  1151 HOSPITAL WAY BLDG A POCATELLO ID 83201		1151 HOSPITAL WAY BLDG A POCATELLO ID 83201  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DARRYL B. COOI 1151 HOSPITAL V						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addresses o	f at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DARRYL	ER DARRYL B. COOK, M.D.		POCATELLO	ID		83201	
MEMBER CHARLE	S B EVANS	PO BOX 4788	POCATELLO	ID	USA	83205	
MEMBER JONATH	AN D GODFREY, M.D.	475 VISTA DR	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. Annual Report I		ust be signed.*					
ID	Signature: Darryl	Signature: Darryl Cook		Date: 11/20/2017			
W 3073	Name (type or pr	Name (type or print): Darryl Cook		Title: member			
Processed 11/20/2017	* Electronically provided signatures are accepted as original signatures.						