No. W 136354		Due no later than Apr 30, 2016		2. Re	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10.000	CHARLES B EVANS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLACKFOOT ENDOSCOPY CENTER, LLC CHARLES B EVANS PO BOX 4788 POCATELLO ID 83205			1151 HOSPITAL WAY #A POCATELLO ID 83201 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter N	ames and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City		State	Country	Postal Code
MEMBER	CHARLES E	B EVANS	PO BOX 4788	POC	ATELLO	ID	USA	83205-4788
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Charles B Evans			Date: 02/25/2016			
W 136354		Name (type or print): Charles B Evans			Title: member			
Processed 02/25/2016 * Electronically provided signatures are accepted as original signatures.								