No. <b>W 142489</b>	Due no later than Sep 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	JAMES EVERSON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	303 N OLD HWY 91 INKOM ID 83245-8324			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SAFEGUARD HEALTH SCREENINGS LLC 1951 BENCH RD STE F POCATELLO ID 83201				
		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER JAMES EVE	RSON 303	INKOM	ID	USA	83245
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: James Everson	Date: 09/12/2016			
W 142489	Name (type or print): James Everson	Title: Owner			
Processed 09/12/2016	* Electronically provided signatures are accepted as original signatures.				