No. **W 158625**	**Due no later than Nov 30, 2017** **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.** POCATELLO INPATIENT SERVICES, PLLC 6363 S. FIDDLERS GREEN CIRCLE SUITE 1400 GREENWOOD VILLAGE CO 80111 USA	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New 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
MANAGER	MARK JEFFREY SLEPIN, M.D.	6363 S. FIDDLERS GREEN CIRCLE SUITE 1400	GREENWOOD VILLAGE	CO	USA	80111

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 158625**	Signature: MARK JEFFREY SLEPIN, M.D. Name (type or print): MARK JEFFREY SLEPIN, M.D.	Date: 10/05/2017 Title: MANAGER

Processed 10/05/2017

* Electronically provided signatures are accepted as original signatures.