

No. <b>W 12284</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ENDOSCOPY CENTER, LLC DEBBIE J FERREL PO BOX 4788 POCATELLO ID 83205 USA		DARRYL B COOK MD 1151 HOSPITAL WAY # A POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	DARRYL B COOK MD	7498 W PORTNEUF RD	POCATELLO	ID	USA	83201	
MEMBER	THOMAS V DAVIS DO	2176 E PEBBLECREEK	INKOM	ID	USA	83245	
MEMBER	CHARLES B EVANS	1151 HOSPITAL WAY #1	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID</b> <b>W 12284</b>		6. Annual Report must be signed.*  Signature: Debbie Ferrel Name (type or print): Debbie Ferrel					
		Date: 04/14/2014 Title: Business Office Manager					
Processed 04/14/2014      * Electronically provided signatures are accepted as original signatures.							