No. W 7096		Due no later than Oct 31, 2016 Annual Report Form		2. Regis	Registered Agent and Address (NO PO BOX) DAVID W WOOD			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BOISE ENDOSCOPY CENTER, LLC EDDY MCLANE 425 W BANNOCK ST		BOIS	425 W BANNOCK ST BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83702		3. <u>New</u>	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Co	ompanies: Enter Nar	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	AKSHAY K (GUPTA	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	BRIAN T ST	ORY	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	JOHN T WI	ΓΤΕ	425 W BANNOCK ST	BOISE	ID		83702	
MEMBER	BONNIE KIM	WAITE	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	PHILIP D JE	NSEN	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	DAVID W W	/OOD	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	PAUL H BAE		425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	MATTHEW F		425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	CHRISTOPHE	R W HAMMERLE	425 W BANNOCK ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of: 6. Ann		6. Annual Report mus	. Annual Report must be signed.*					
ID		Signature: David Wood			Date: 09/15/2016			
W 7096		Name (type or print): David Wood			Title: Member			
Processed 09/15/201	16	* Electronically provid	ed signatures are accepted as origir	nal signatures.				