No. <b>W 7096</b>		Due no later than Oct 31, 2017		2. Registered A	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BOISE ENDOSCOPY CENTER, LLC EDDY MCLANE 425 W BANNOCK ST BOISE ID 83702		DAVID W V 425 W BANN BOISE ID 8	DAVID W WOOD  425 W BANNOCK ST BOISE ID 83702  3. New Registered Agent Signature:*			
		nes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOHN T WI	ГТЕ	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	:HR	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	MATTHEW F	R SERICATI	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	CHRISTOPHE	R W HAMMERLE	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	AKSHAY K (	SUPTA	425 W BANNOCK ST	BOISE	ID	USA	83702	
MEMBER	BRIAN T STORY		425 W BANNOCK ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of: 6. Ann		. Annual Report must be signed.*						
ID W 7096		Signature: David Wood			Date: 09/13/2017			
		Name (type or print): David Wood			Title: Member			
Processed 09/13/2017		* Electronically provide	ed signatures are accepted as origin	nal signatures.				