No. W 158625	Due no	later than Nov 30, 2016	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Anı	nual Report Form	to accompany the constitution	CORPORATION SERVICE COMPANY			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		12550 W EXPLORER DR STE 100 BOISE ID 83713				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		POCATELLO INPATIENT SERVICES, PLLC 6363 S. FIDDLERS GREEN CIRCLE SUITE 1400 GREENWOOD VILLAGE CO 80111		DOISE ID 63/13			
	GREENWOOD VILLA			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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 mu		st be signed.*					
ID	Signature: MARK J	Signature: MARK JEFFREY SLEPIN M.D. Date: 11/07/2016					
W 158625	Name (type or prin	Name (type or print): MARK JEFFREY SLEPIN M.D.			Title: MANAGER		
Processed 11/07/2016	* Electronically provided signatures are accepted as original signatures.						