No. W 155934 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due	Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
		Annual Report Form 1. Mailing Address: Correct in this box if needed. EASTERN IDAHO BRACHYTHERAPY EQUIPMENT MANAGER, LLC PO BOX 750 NASHVILLE TN 37202					
NO FILING FEE RECEIVED BY DUE	DATE	mes and Addresses	of at least one Member or Manager.				
Office Held Name		nes and madresses	Street or PO Address	City	State	Country	Postal Code
MANAGER SAMUEL N. HAZEN MANAGER CHRISTOPHER F. WYATT MANAGER A. BRUCE MOORE, JR.		ONE PARK PLAZA ONE PARK PLAZA ONE PARK PLAZA	NASHVILLE NASHVILLE NASHVILLE	TN TN TN	USA USA USA	37203 37203 37203	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 155934		Signature: A. Br	Date: 08/04/2016				
		Name (type or p	Title: Manager				
Processed 08/04/2016		* Electronically pro	vided signatures are accepted as original sign	natures.			