

No. C 140976	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) MARK L MANSFIELD 110 VISTA DR POCATELLO ID 83201														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. PCS ENDOSCOPY SUITE, INC. 110 VISTA DR POCATELLO ID 83201													
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>President Mark Mansfield MD</td> <td>110 Vista Dr.</td> <td>Pocatello</td> <td>ID</td> <td></td> <td>83201</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code		President Mark Mansfield MD	110 Vista Dr.	Pocatello	ID		83201
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
	President Mark Mansfield MD	110 Vista Dr.	Pocatello	ID		83201											
5. Organized Under the Laws of: IDAHO C 140976	6. Signature: <u>Mark Mansfield MD</u> Name (type or print): <u>Mark Mansfield</u>			Date: <u>2/1/17</u> Title: <u>2/1/17</u>													

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