

ISSUED: 07-05-1994

No.

3

Idaho Limited Liability Company Annual Report Form

2. Registered Agent and Office

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

Due No Later Than November 1, 1994

1. Mailing Address — Please Correct If Not Correct

IDAHO BRAIN TUMOR CENTER, L.C.
WINSTON V BEARD
PO BOX 51718

IDAHO FALLS ID 83405

WINSTON V BEARD
683 N CAPITAL

IDAHO FALLS ID 83402

3. Organized Under The Laws

of ID

NO: 3

4. Names and Addresses of ☒ Managers or ☐ Members (check one)NameStreet or P.O. AddressCityStateZip

WINSTON V. BEARD

P.O. BOX 51718

IDAHO FALLS ID

83405-1718

MUST BE PRINTED OR TYPED

5. Signature of the Current Registered Agent
(if changed in block 2)

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

WINSTON V. BEARD

Date

9/23/94