

No. W 16425		Due no later than Sep 30, 2014		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. NORTH IDAHO ENDOSCOPY CENTER, PLLC JEANETTE L BAKER 212 W IRONWOOD DR. STE D-301 COEUR D ALENE ID 83814-1403 USA		DR STAN TOELLE 212 W IRONWOOD DR. STE D-301 COEUR D'ALENE ID 83814			
				3. <u>New</u> Registered Agent Signature: *			
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	
MEMBER	DR STAN TOELLE	212 W IRONWOOD DR. STE D-301	COEUR D'ALENE	ID	USA	83814-1403	
MEMBER	DR MICHAEL JAMES	212 W IRONWOOD DR. STE D-301	COEUR D'ALENE	ID	USA	83814-1403	
MEMBER	DR GAVIN YOUNG	212 W IRONWOOD DR. STE D-301	COEUR D'ALENE	ID	USA	83814-1403	
5. Organized Under the Laws of: ID W 16425		6. Annual Report must be signed.* Signature: Jeanette Baker Name (type or print): Jeanette Baker Date: 08/28/2014 Title: Financial Manager					
Processed 08/28/2014		* Electronically provided signatures are accepted as original signatures.					