

No. W 162690		Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GEM STATE ENDOSCOPY, PLLC CARL DETWILER, MD 3709 14TH STREET LEWISTON ID 83501		CARL DETWILER, MD 36108 MILLER ROAD LEWISTON ID 83501-8350			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MANAGER	KATIE BLEVINS	508 BURRELL DR	LEWISTON	ID	USA	83501	
MEMBER	CARL DETTWILER	36108	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 162690		6. Annual Report must be signed.* Signature: Katie Blevins Name (type or print): Katie Blevins					
		Date: 12/21/2017 Title: Manager					
Processed 12/21/2017 * Electronically provided signatures are accepted as original signatures.							