No. **W 12284**	**Due no later than Jun 30, 2011**	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.** ENDOSCOPY CENTER, LLC DEBBIE J FERREL PO BOX 4788 POCATELLO ID 83205 USA	DARRYL B COOK MD 1151 HOSPITAL WAY # A POCATELLO ID 83201 3. New 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	DARRYL B COOK MD	7498 W PORTNEUF RD	POCATELLO	ID	USA	83201
MEMBER	THOMAS V DAVIS DO	2176 E PEBBLECREEK	INKOM	ID	USA	83245
MEMBER	CHARLES B EVANS	1151 HOSPITAL WAY #1	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 12284**	Signature: Debbie Ferrel	Date: 04/15/2011
	Name (type or print): Debbie Ferrel	Title: Practice Manager

Processed 04/15/2011

* Electronically provided signatures are accepted as original signatures.