

No. W 155935		Due no later than Sep 30, 2016		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		1. Mailing Address: Correct in this box if needed. EASTERN IDAHO BRACHTHERAPY EQUIPMENT, LLC PO BOX 750 NASHVILLE TN 37202		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	EASTERN IDAHO BRACHYTHERAPY EQUIPMENT MANAGER, LLC	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
5. Organized Under the Laws of: DE W 155935		6. Annual Report must be signed.* Signature: Natalie H. Cline Name (type or print): Natalie H. Cline					
Date: 09/06/2016 Title: VP of Member							
Processed 09/06/2016		* Electronically provided signatures are accepted as original signatures.					