

No. W 136354	Due no later than Apr 30, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BLACKFOOT ENDOSCOPY CENTER, LLC CHARLES B EVANS PO BOX 4788 POCATELLO ID 83205		CHARLES B EVANS 1151 HOSPITAL WAY #A POCATELLO ID 83201			
			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	CHARLES B EVANS	PO BOX 4788	POCATELLO	ID	USA	83205-4788
5. Organized Under the Laws of: ID W 136354		6. Annual Report must be signed.* Signature: Charles B Evans Name (type or print): Charles B Evans		Date: 03/14/2017 Title: member		
Processed 03/14/2017		* Electronically provided signatures are accepted as original signatures.				