No. <b>W 99766</b>		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		WM F GIGRAY III 5700 E FRANKLIN RD STE 200 NAMPA ID 83687  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TREASURE VALLEY COLON & RECTAL CLINIC, PLLC JOHNNY B GREEN, MD 1072 N LIBERTY ST, #201 BOISE ID 83704					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	panies: Enter Na	mes and Address	es of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER JOHNNY B GR		GREEN	1072 N LIBERTY STREET STE 201	BOISE	ID	USA	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 99766		Signature: Jo	Date: 01/19/2016				
		Name (type o	Title: member				
Processed 01/19/2016 * Electronically provided signatures are accepted as original signatures.							