

|  |                    |  |           |   |                             |             |  |
|--|--------------------|--|-----------|---|-----------------------------|-------------|--|
| No. <b>W 12284</b>   |                    | <b>Due no later than Jun 30, 2016</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |                             |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ENDOSCOPY CENTER, LLC<br>DEBBIE J FERREL<br>PO BOX 4788<br>POCATELLO ID 83205 |           | DARRYL B COOK MD<br>1151 HOSPITAL WAY # A<br>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   | JONATHAN D GODFREY | 1151 HOSPITAL WAY  | POCATELLO | ID  | USA                         | 83201       |  |
| MEMBER   | DARRYL B COOK MD   | 7498 W PORTNEUF RD   | POCATELLO | ID  |                             | 83201       |  |
| MEMBER   | THOMAS V DAVIS DO  | 2176 E PEBBLECREEK   | INKOM     | ID  |                             | 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.*  |           |   |                             |             |  |
| <b>ID<br/>W 12284</b>  |                    | Signature: DEBBIE FERREL   |           |   | Date: 04/26/2016            |             |  |
|  |                    | Name (type or print): DEBBIE FERREL  |           |   | Title: BUSINESS OFFICE MNGR |             |  |
| Processed 04/26/2016   |                    | * Electronically provided signatures are accepted as original signatures.  |           |   |                             |             |  |