No. <b>W 24906</b> Return to:		Due no later than Jul 31, 2015  Annual Report Form		2. Registered Agent and Address (NO PO BOX) WINSTON V BEARD				
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.  ERIC A WINGERSON DO AND DIGESTIVE HEALTH CENTER PROFESSIONAL COMPANY ERIC A WINGERSON PO BOX 340 JOHNSTOWN CO 80534-9998 USA		2105 CORONADO IDAHO FALLS ID 83404  3. New Registered Agent Signature:*				
					5. 164 Registered Agent Signature.			
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER ERIC WINGERSON		ERSON	27601 HOPI TRAIL		LOVELAND	CO		80534
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Eric A. Wingerson			Date: 06/17/2015			
W 24906		Name (type or print): Eric A. Wingerson			Title: Manager			
Processed 06/17/2015 * Electronically provided signatures are accepted as original signatures.								