

No. W 30680

Due no later than May 31, 2009

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LEWIS CLARK GASTROENTEROLOGY PLLC
324 MAIN ST
LEWISTON, ID 83501CHARLES A BROWN
324 MAIN ST
LEWISTON, ID 83501**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office heldNameStreet or P.O. AddressCityStateZipMember Murray I. Larsen, M.D., 1630 23rd Ave., Ste 701, Lewiston, ID
83501Member Carl Dettwiler, M.D., 1630 23rd Ave., Ste. 701, Lewiston, ID
83501Member Michael Parent, M.D., 1630 23rd Ave., Ste 701, Lewiston, ID
83501

5. Organized Under the Laws of:

IDAHO
W 30680

6.

Signature

Date

Name (Typed or
Printed)

Murray I. Larsen, M.D. Title Member

Issued 03/02/2009

Do Not Tape or Staple

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