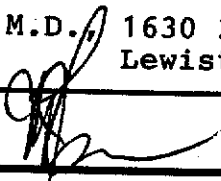


No. <b>W 30680</b>	Due no later than May 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES A BROWN 324 MAIN ST LEWISTON ID 83501	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. LEWIS CLARK GASTROENTEROLOGY PLLC  324 MAIN ST LEWISTON ID 83501		3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
	Member	Murray I. Larsen, M.D., 1630 23rd Ave., Ste. 701, Lewiston, ID 83501		
	Member	Carl Dettwiler, M.D., 1630 23rd Ave., Ste. 701, Lewiston, ID 83501		
	Member	Michael Parent, M.D., 1630 23rd Ave., Ste. 701, Lewiston, ID 83501		
5. Organized Under the Laws of:		6.		
IDAHO W 30680		Signature: 	Date: 3.26.10	
		Name (type or print): Murray I. Larsen, M.D.	Title: Member	
Issued 03/16/2010 by PEH <span style="float: right;">106165</span>				

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM