No. W 5390	Due no later than January 31, 2005	2. Registered Agent and Office NO PO BO
700 WEST JEFFERSON TRI	Annual Report Form 1. Mailing Address - Correct in this box, if applicable	RAQUEL CROITORU
		222 W IOWA AVE
	TREASURE VALLEY GASTROENTEROLOGY SP RAQUEL CROITORU MD	STE A
BOISE, ID 83720-0080	222 W IOWA AVE STE A	NAMPA, ID 83686
	NAMPA, ID 83686	3. New Registered Agent Signature
NO FILING FEE IF		3. New Megistered Agent Signature
RECEIVED BY DUE DATE		
 Limited Liability Compar 	nies: Enter Names and Addresses of Members.	
Office hald to	0	City State Zip
Ethangu Kayue partien	CKCituil ZZZW Icwa Ste A	Jampa 11) 53686
5. Organized Under the Laws of: IDAHO	6. Signature	Date 1/30/05 to Kille M) 2.00501E+11
W 5390	Name Printed KagulCrc	torus Title M)
Issued 11/01/2004	Do Not Tape or Staple	2.00501E+11

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