No. <b>C 175954</b>		Due no later than Nov 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		3. <u>New</u> Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		1. Mailing Address: Correct in this box if needed.  INTERMOUNTAIN MIDLEVEL GASTROENTEROLOGY/MEPATOLOGY CLUB, INCORPORATED HEATHER M COWDEN 141 MORRISON ST TWIN FALLS ID 83301  Dess Addresses of President, Secretary, and Directors. Treasurer					
DIRECTOR	STEPHEN 1	THOMPSON	6369 W SKYLINE DR SOUTH	HIGHLAND	υT	USA	84003
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 175954		Signature: Hea	Date: 12/16/2009				
		Name (type or	Title: Fnp-C				
Processed 12/16/2009	_	* Electronically pr	ovided signatures are accepted as original sign	natures.			_