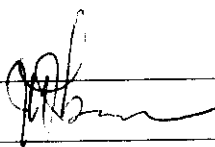


No. W 30680	Due no later than May 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX CHARLES A BROWN 324 MAIN ST LEWISTON, ID 83501																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LEWIS CLARK GASTROENTEROLOGY PLLC 324 MAIN ST LEWISTON, ID 83501		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Murray I. Larsen, M.D.,</td> <td>1630 23rd Ave., Ste. 701,</td> <td>Lewiston,</td> <td>ID</td> <td>83501</td> </tr> <tr> <td></td> <td>Carl Dettwiler, M.D.,</td> <td>1630 23rd Ave., Ste. 701,</td> <td>Lewiston,</td> <td>ID</td> <td>83501</td> </tr> <tr> <td></td> <td>Michael Parent, M.D.,</td> <td>1630 23rd Ave., Ste. 701,</td> <td>Lewiston,</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Murray I. Larsen, M.D.,	1630 23rd Ave., Ste. 701,	Lewiston,	ID	83501		Carl Dettwiler, M.D.,	1630 23rd Ave., Ste. 701,	Lewiston,	ID	83501		Michael Parent, M.D.,	1630 23rd Ave., Ste. 701,	Lewiston,	ID	83501
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5. Organized Under the Laws of: IDAHO W 30680	6.  Signature _____ Date <u>4/6/06</u> Name (Typed or Printed) <u>Murray I. Larsen, M.D.</u> Title <u>Member</u>																										

Issued 03/01/2006

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