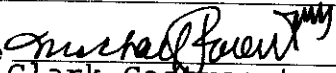


No. W 31086	Due no later than June 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX CHARLES A BROWN 324 MAIN ST LEWISTON, ID 83501												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LEWIS CLARK ENDOSCOPY PLLC CHARLES A BROWN 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>Member</td> <td>Lewis Clark Gastroenterology PLLC</td> <td>1630 23rd Avenue, Ste. 701 Lewiston, Idaho 83501</td> <td></td> <td></td> <td></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>	Member	Lewis Clark Gastroenterology PLLC	1630 23rd Avenue, Ste. 701 Lewiston, Idaho 83501			
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Member	Lewis Clark Gastroenterology PLLC	1630 23rd Avenue, Ste. 701 Lewiston, Idaho 83501													
5. Organized Under the Laws of: IDAHO W 31086		6. Signature  Date <u>4/17/06</u> Lewis Clark Gastroenterology PLLC <small>(Typed or Printed)</small> Name <u>By Michael Parent, M.D.</u> Title <u>Member</u>													

Issued 04/03/2006

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