

No. W 31086	Due no later than Jun 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LEWIS CLARK ENDOSCOPY PLLC CHARLES A BROWN 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	Lewis Clark Gastroenterology PLLC,	1630 23rd Avenue, Suite 701 Lewiston, ID USA 83501	
5. Organized Under the Laws of:		6.	
IDAHO W 31086		Signature: <i>Michael Parent</i> Lewis Clark Gastroenterology PLLC Name (type or print): By: Michael Parent, M.D.	Date: 5/12/10 Title: Member
Issued 04/13/2010 by PEH			105755

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM