No. W 16425		Du	2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH IDAHO ENDOSCOPY CENTER, PLLC TERI L RIPLINGER 1607 LINCOLN WAY STE 100 COEUR D ALENE ID 83814		DR STAN TOELLE 1607 LINCOLN WAY STE 200 COEUR D ALENE ID 83814 3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Nar	nes and Addresse	es of at least one Member or Manager.	•			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	DR STAN T		1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	USA	83814
MEMBER DR MICHAEL		JAMES	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	USA	83814
MEMBER DR RANDY H		IOPKINS	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	USA	83814
MEMBER DR GAVIN Y		OUNG	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	USA	83814
MEMBER	DR G C KUT	TERUF	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:		6. Annual Report					
ID		Signature: Teri Riplinger		Date: 07/16/2007			
W 16425		Name (type or print): Teri Riplinger		Title: Business Manager			
Processed 07/16/2007		* Electronically p	rovided signatures are accepted as original s	signatures.			