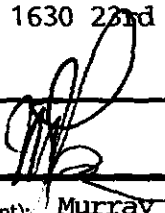



No. <b>W 30680</b>	Due no later than May 31, 2011 <b>Annual Report Form</b>	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) CHARLES A BROWN 324 MAIN ST LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. LEWIS CLARK GASTROENTEROLOGY PLLC  324 MAIN ST LEWISTON ID 83501	3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.		
Manager or Member    Name    Street or PO Address    City    State    Country    Postal Code		
Manager <input type="radio"/> Member <input checked="" type="radio"/> (circle one)		
Member Murray I. Larsen, M.D., 1630 23rd Ave., Ste. 701, Lewiston, ID 83501		
Member Carl Dettwiler, M.D., 1630 23rd Ave., Ste. 701, Lewiston, ID 83501		
Member Michael Parent, M.D., 1630 23rd Ave., Ste. 701, Lewiston, ID 83501		
5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 30680</b> </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print): Murray I. Larsen, M.D.         </div> <div style="width: 35%; text-align: right;">           Date:   <hr/>           Title: Member         </div> </div>	
Issued 03/24/2011 by PEH		116183

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM