

No. W 5390

Due no later than January 31, 2009

## Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TREASURE VALLEY GASTROENTEROLOGY SP  
RAQUEL CROITORU MD  
222 W IOWA AVE STE A  
NAMPA, ID 83686RAQUEL CROITORU  
222 W IOWA AVE  
STE A  
NAMPA, ID 83686**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office heldNameStreet or P.O. AddressCityStateZip

*Managing/CEO Partner* *Raquel Croitoru* *222 W Iowa Ave Ste A* *Nampa Id* *83686*

5. Organized Under the Laws of:

IDAHO  
W 5390

6.

Signature

Date

11/26/08

Name (Typed or Printed)

*Raquel Croitoru*

Title

*Managing CEO*

Issued 11/05/2008

Do Not Tape or Staple

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