

No. <b>W 5390</b>		<b>Due no later than Jan 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TREASURE VALLEY GASTROENTEROLOGY SPECIALISTS, PLLC RAQUEL CROITORU MD 222 W IOWA AVE STE A NAMPA ID 83686		RAQUEL CROITORU 222 W IOWA AVE STE A NAMPA ID 83686			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	RAQUEL CROITORU, M.D.	325 RUTH LN.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:  <b>ID</b> <b>W 5390</b>		6. Annual Report must be signed.*  Signature: Raquel Croitoru Name (type or print): Raquel Croitoru  Date: 01/13/2010 Title: Managing Partner/ceo					
Processed 01/13/2010 * Electronically provided signatures are accepted as original signatures.							