

No. W 16425		Due no later than Sep 30, 2006		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 1607 LINCOLN WAY STE 100 COEUR D ALENE ID 83814		DR STAN TOELLE 1607 LINCOLN WAY STE 200 COEUR D ALENE ID 83814	
				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	DR STAN TOELLE	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	83814
MEMBER	DR MICHAEL JAMES	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	83814
MEMBER	DR RANDY HOPKINS	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	83814
MEMBER	DR GAVIN YOUNG	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	83814
MEMBER	DR G C KUTTERUF	1607 LINCOLN WAY STE 200	COEUR D ALENE	ID	83814
5. Organized Under the Laws of: IDAHO W 16425		6. Annual Report must be signed.* Signature: Teri Riplinger Name (type or print): Teri Riplinger Date: 07/18/2006 Title: Business Manager			
Processed 07/18/2006		* Electronically provided signatures are accepted as original signatures.			