

No. <b>W 16425</b>		<b>Due no later than Sep 30, 2006</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>  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			
<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	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:  <b>IDAHO</b> <b>W 16425</b>		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.					