

No. W 121886	Due no later than Feb 29, 2016 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. CLEARWATER GASTROENTEROLOGY, PLLC PAULA LJ REVELS, CPC 2517 17TH STREET SUITE B LEWISTON ID 83501 USA		CARL DETTWILER MD 2517 17TH STREET SUITE B LEWISTON 83501			
			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
MANAGER	PAULA LJ REVELS, CPC	2517 17TH STREET SUITE B	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 121886		6. Annual Report must be signed.* Signature: Paula LJ Revels Name (type or print): Paula LJ Revels Date: 12/30/2014 Title: Director of Business Operation				
Processed 12/30/2014		* Electronically provided signatures are accepted as original signatures.				