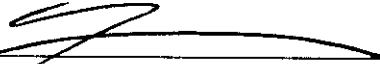


No. W 24906	Due no later than July 31, 2006		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		WINSTON V BEARD													
	1. Mailing Address - Correct in this box, if applicable Eric A Wingerson DO & Digestive Health Center 1995 E 17th St., Suite #4 Idaho Falls, Id 83404		2105 CORONADO IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>ERIC A. WINGERSON, D.O.</td> <td>1995 E. 17th St. Suite #4</td> <td>Idaho Falls.</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	ERIC A. WINGERSON, D.O.	1995 E. 17th St. Suite #4	Idaho Falls.	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	ERIC A. WINGERSON, D.O.	1995 E. 17th St. Suite #4	Idaho Falls.	ID	83404											
5. Organized Under the Laws of: IDAHO W 24906		6. Signature  Date <u>5/16/06</u> Name (Type or Printed) <u>ERIC A. WINGERSON, D.O.</u> Title <u>Owner/manager</u>														

Issued 05/01/2006

Do Not Tape or Staple

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