

No. W 52719	Due no later than Jul 31, 2012 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. DIGESTIVE HEALTH CLINIC, LLC MARK A MALLORY 6259 W EMERALD STREET BOISE ID 83704 USA		MARK MALLORY 6259 W EMERALD STREET BOISE ID 83704			
			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	SAMUEL S GIBSON	6259 W EMERALD STREET	BOISE	ID	USA	83704
MANAGER	MARK A MALLORY	6259 W. EMERALD STREET	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 52719	6. Annual Report must be signed.* Signature: Mark A. Mallory Name (type or print): Mark A. Mallory		Date: 07/18/2012 Title: Manager			
Processed 07/18/2012		* Electronically provided signatures are accepted as original signatures.				