

No. W 17590	Due no later than Dec 31, 2010 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. SNAKE RIVER GASTROENTEROLOGY LABS, L.L.C. JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293 USA		ROBERT M WARD MD 141 MORRISON ST TWIN FALLS ID 83301			
			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	ROBERT M WARD MD	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293
MEMBER	SMITH ENDOSCOPY, LLC	P.O. BOX 1293	TWIN FALLS	ID	USA	83303-1293
MEMBER	DIGESTIVE HEALTH SERVICES	P.O. BOX 1293	TWIN FALLS	ID	USA	83303-1293
MEMBER	SETH WHEELER	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293
5. Organized Under the Laws of: ID W 17590	6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman		Date: 10/25/2010 Title: Agent			
Processed 10/25/2010		* Electronically provided signatures are accepted as original signatures.				