

No. W 52719		Due no later than Jul 31, 2009		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		Annual Report Form		MARK MALLORY 6259 W EMERALD ST BOISE ID 83704			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		DIGESTIVE HEALTH CLINIC, LLC MARK A MALLORY 6259 W EMERALD ST BOISE ID 83704 USA					
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	MARK A MALLORY	6259 W. EMERALD ST.	BOISE	ID	USA	83704	
MANAGER	SAMUEL S GIBSON	6259 W EMERALD ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 52719		Signature: Mark A. Mallory			Date: 05/18/2009		
		Name (type or print): Mark A. Mallory			Title: Manager		
Processed 05/18/2009		* Electronically provided signatures are accepted as original signatures.					