

No. <b>W 17585</b>		<b>Due no later than Dec 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  BLUE LAKES GASTROENTEROLOGY, P.L.L.C. JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		ROBERT M WARD MD PA 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 PA	1070 LAURELWOOD CT	TWIN FALLS	ID	USA	83301	
MEMBER	DIGESTIVE HEALTH SERVICES LTD	141 MORRISON ST	TWIN FALLS	ID	USA	83301	
MEMBER	KENT J SMITH MD PA	141 MORRISON ST	TWIN FALLS	ID	USA	83301	
MEMBER	SETH WHEELER MD PA	141 MORRISON ST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 17585</b>		Signature: John Coleman				Date: 10/14/2010	
		Name (type or print): John Coleman				Title: Agent	
Processed 10/14/2010		* Electronically provided signatures are accepted as original signatures.					