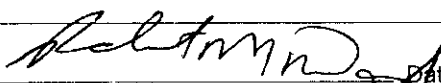


No. W 17585	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BLUE LAKES GASTROENTEROLOGY, P.L.L. 666 SHOSHONE ST 141 Morrison St TWIN FALLS, ID 83301		ROBERT M WARD MD PA 666 SHOSHONE ST 141 Morrison St TWIN FALLS, ID 83301
			3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Robert M. Ward MD	141 Morrison St	Twin Falls	ID	83301-5451
Member	Ted Rea MD	141 Morrison St	Twin Falls	ID	83301-5451
Member	Kent J. Smith MD	141 Morrison St	Twin Falls	ID	83301-5451
Member	Allen J. Sinclair MD	141 Morrison St	Twin Falls	ID	83301-5451

5. Organized Under the Laws of: IDAHO W 17585	6. Signature  Name (Typed or Printed) Robert M Ward MD Date 10/14/03 Title MD
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