

No. W 17585 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than December 31, 2004 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> BLUE LAKES GASTROENTEROLOGY, P.L.L. 141 MORRISON ST TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX ROBERT M WARD MD PA 141 MORRISON ST TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Robert M. Ward MD	141 Morrison St.	Twin Falls,	ID	83301
Member	Ted L. Rea MD	141 Morrison St.	Twin Falls,	ID	83301
Member	Kent J. Smith MD	141 Morrison St.	Twin Falls,	ID	83301
Member	Allen J. Sinclair MD	141 Morrison St.	Twin Falls,	ID	83301

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 17585</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Kent Smith MD</u></td> <td style="width: 40%;">Date <u>11-18-04</u></td> </tr> <tr> <td>Name <small>(Type or Print)</small> <u>Kent J. Smith</u></td> <td>Title <u>Member</u></td> </tr> </table>	Signature <u>Kent Smith MD</u>	Date <u>11-18-04</u>	Name <small>(Type or Print)</small> <u>Kent J. Smith</u>	Title <u>Member</u>
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