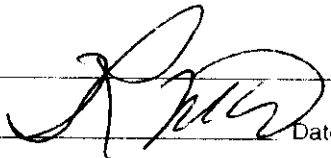


No. C 134389	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		TED L REA 4142 SHOSHONE FALLS GRADE TWIN FALLS, ID 83301												
	DIGESTIVE HEALTH SERVICES, LTD. TED L REA PO BOX 1293 TWIN FALLS, ID 83301														
3. <u>New</u> Registered Agent Signature															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Ted L. Rea</td> <td>PO Box 1293</td> <td>Twin Falls,</td> <td>ID</td> <td>83303-1293</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Ted L. Rea	PO Box 1293	Twin Falls,	ID	83303-1293
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Ted L. Rea	PO Box 1293	Twin Falls,	ID	83303-1293										
5. Organized Under the Laws of: IDAHO C 134389	6. Signature  Date 5/10/05 Name (Typed or Printed) Ted L. Rea Title Pres.														

Issued 04/01/2005

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