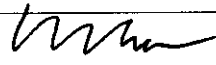
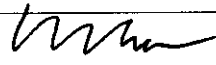
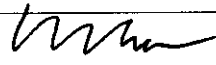


<b>No. W 3073</b>	<b>Due no later than Oct 31, 2002</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  DARRYL B. COOK, M.D. 110 HEALTH DR  POCATELLO, ID 83205																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable SOUTHEAST IDAHO GASTROENTEROLOGY, P DARRYL B. COOK, M.D. 110 HEALTH DR PO BOX 4788 POCATELLO, ID 83204	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>member</td> <td>Darryl Cook, M.D.</td> <td>PO Box 4788</td> <td>Pocatello</td> <td>ID</td> <td>83205</td> </tr> <tr> <td>member</td> <td>Thomas Davis, D.O.</td> <td>PO Box 4788</td> <td>Pocatello</td> <td>ID</td> <td>83205</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	member	Darryl Cook, M.D.	PO Box 4788	Pocatello	ID	83205	member	Thomas Davis, D.O.	PO Box 4788	Pocatello	ID	83205
Office held	Name	Street or P.O. Address	City	State	Zip															
member	Darryl Cook, M.D.	PO Box 4788	Pocatello	ID	83205															
member	Thomas Davis, D.O.	PO Box 4788	Pocatello	ID	83205															
5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 3073</div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>8/14/02</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Darryl Cook, M.D.</u></td> <td>Title <u>member</u></td> </tr> </table>		Signature 	Date <u>8/14/02</u>	Name (Typed or Printed) <u>Darryl Cook, M.D.</u>	Title <u>member</u>														
Signature 	Date <u>8/14/02</u>																			
Name (Typed or Printed) <u>Darryl Cook, M.D.</u>	Title <u>member</u>																			