

No. W 17590		Due no later than Dec 31, 2008		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SNAKE RIVER GASTROENTEROLOGY LABS, L.L.C. ROBERT M WARD 141 MORRISON ST TWIN FALLS ID 83301 USA		ROBERT M WARD MD 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	SMITH ENDOSCOPY, LLC	P.O. BOX 1293	TWIN FALLS	ID	USA	83303-1293	
MEMBER	DIGESTIVE HEALTH SERVICES	P.O. BOX 1293	TWIN FALLS	ID	USA	83303-1293	
MEMBER	SETH WHEELER	141 MORRISON STREET	TWIN FALLS	ID	USA	83301	
MEMBER	ROBERT M WARD MD	141 MORRISON STREET	TWIN FALLS	ID	USA	83301	
MEMBER	ST LUKES MAGIC VALLEY REGIONAL MEDICAL CENTER LTD	PO BOX 409	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of: ID W 17590		6. Annual Report must be signed.* Signature: Robert Ward Name (type or print): Robert Ward Date: 12/01/2008 Title: Member					
Processed 12/01/2008		* Electronically provided signatures are accepted as original signatures.					