

No. <b>W 17590</b>		Due no later than Dec 31, 2009		2. Registered Agent and Address <b>(NO PO BOX)</b>			
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>		<b>1. Mailing Address: Correct in this box if needed.</b> 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	ROBERT M WARD MD	660 SHOSHONE ST	TWIN FALLS	ID	USA	83301	
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	83301-1293	
5. Organized Under the Laws of: <b>ID W 17590</b>		6. Annual Report must be signed.* Signature: Robert Ward Name (type or print): Robert Ward Date: 10/18/2009 Title: President					
Processed 10/18/2009		* Electronically provided signatures are accepted as original signatures.					