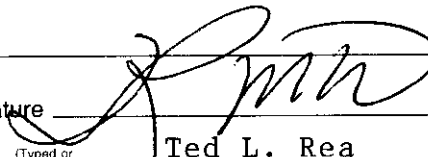


No. <b>C 134389</b>	<b>Due no later than June 30, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  DIGESTIVE HEALTH SERVICES, LTD. TED L REA PO BOX 1293 TWIN FALLS, ID 83301		TED L REA 4142 SHOSHONE FALLS GRADE 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="0"> <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>P.O. Box 1293</td> <td>Twin Falls,</td> <td>Idaho</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	P.O. Box 1293	Twin Falls,	Idaho
<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	P.O. Box 1293	Twin Falls,	Idaho	83303-1293									
5. Organized Under the Laws of:  IDAHO C 134389	6.  Signature _____ Date <u>4/13/06</u> Name <small>(Typed or Printed)</small> <u>Ted L. Rea</u> Title <u>President</u>													

Issued 04/03/2006

Do Not Tape or Staple

200606003678