

No. **C 134389**

**Due no later than June 30, 2006**

**Annual Report Form**

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**

DIGESTIVE HEALTH SERVICES, LTD.  
TED L REA  
PO BOX 1293  
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

TED L REA  
4142 SHOSHONE FALLS GRADE  
TWIN FALLS, ID 83301

3. New Registered Agent Signature

**4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.**

Office held      Name

Street or P.O. Address

City

State

Zip

President   Ted L. Rea   P.O. Box 1293      Twin Falls, Idaho 83303-1293

5. Organized Under the Laws of:

**IDAHO**  
**C 134389**

6.

Signature

Name  
(Typed or  
Printed)



Ted L. Rea

Date 4/13/06

Title President

Issued 04/03/2006

**Do Not Tape or Staple**

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