

No. C 134389	Due no later than Jun 30, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. DIGESTIVE HEALTH SERVICES, LTD. JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		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. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TED L. REA	4142 SHOSHONE FALLS GRADE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 134389		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman					
		Date: 04/25/2011 Title: Agent					
Processed 04/25/2011 * Electronically provided signatures are accepted as original signatures.							