Annual Report Form Due No Leter Than November 30, Mailton Andrew Proced Front Centred DIGESTIVE HEALTH CENTER, P.A. ERIC WINGERSON, D.J. 200 CHANNING WAY, STE 4-305 DAHO FALLS ID 83404 dresses of President, Secretary and Directors mes and Addresses of Menagers or Members	ERIC W RECEXEN 3200 CH		0.0.
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1. HENDRIX, 2300 E. BELLERIVE	IDAHO FA	ALLS, ID HO FALLS, 83404	83404 ID
6. I certify that this innual Report has been ex knowledge true, consci and complete. Signature	" (/	بالمراسين الوسم	of my
Name ERIC A. WINGERSON			
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	6. I certify that this minual Report has been ex knowledge to 6. Signature	A. WINGERSON, 3985 NATHAN DR, IDAHO FA I. HENDRIX, 2300 E. BELLERIVE DR., IDA 6. I certify that this innual Report has been examinately me a knowledge true, consci aparcomplete. Signature Name Proper ERIC A. WINGERSON Title	A. WINGERSON, 3985 NATHAN DR, IDAHO FALLS, ID I. HENDRIX, 2300 E. BELLERIVE DR., IDAHO FALLS, 83404 6. I certify that this innual Report has been examined me and is to the best knowledge true, correct and complete. Signature Name (1996) ERIC A. WINGERSON DESCRIPTION