


No. W 17585	Due no later than December 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable BLUE LAKES GASTROENTEROLOGY, P.L.L. 141 MORRISON ST PO BOX 1293 TWIN FALLS, ID 83301 83303-1293

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Med. Director	Robert M. Ward, MD	141 Morrison St	Twin Falls	ID	83301
Secretary	Kent J. Smith, MD	141 Morrison St	Twin Falls	ID	83301
	Ted L. Rea, MD	141 Morrison St	Twin Falls	ID	83301
	Seth N. Wheeler, MD	141 Morrison St	Twin Falls	ID	83301

5. Organized Under the Laws of: IDAHO W 17585	6. Signature <u></u> Date <u>12/4/08</u> Name (Typed or Printed) <u>Robert M. Ward, MD</u> Title <u>Medical Director</u>
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