

No. W 17585		Due no later than Dec 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BLUE LAKES GASTROENTEROLOGY, P.L.L.C. PO BOX 1293 TWIN FALLS ID 83303-1293		ROBERT M WARD MD PA 141 MORRISON ST TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DIGESTIVE HEALTH SERVICES LTD	141 MORRISON ST	TWIN FALLS	ID	USA	83301	
MEMBER	KENT J SMITH MD PA	141 MORRISON ST	TWIN FALLS	ID	USA	83301	
MEMBER	SETH WHEELER MD PA	141 MORRISON ST	TWIN FALLS	ID	USA	83301	
MEMBER	ROBERT M WARD MD PA	1070 LAURELWOOD CT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 17585		6. Annual Report must be signed.* Signature: John A Coleman Name (type or print): John A Coleman Date: 10/16/2009 Title: Accountant					
Processed 10/16/2009		* Electronically provided signatures are accepted as original signatures.					