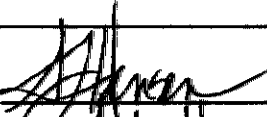
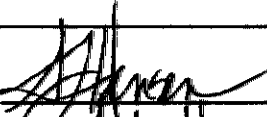
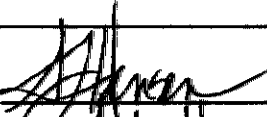


No. W 1807	<b>Annual Report Form 1999</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		IDAHO SERVICE COMPANY 101 S CAPITOL BLVD 101  BOISE ID 83702					
	SMITH & REA DIGESTIVE HEALTH TED REA 284 MARTIN ST  TWIN FALLS ID 83301		3. Organized Under the Laws of:  ID W 1807					
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)								
Office held	Name	Street or P.O. Address	City	State Zip				
Pres.	Kent J. Smith	284 Martin St. Suite #2	Twin Falls	ID 83301				
V.P.	Ted L. Rea	Same as above						
5. Signature of New Registered Agent		6. <table border="0"> <tr> <td data-bbox="508 691 1073 792">Signature </td> <td data-bbox="1073 691 1466 792">Date 7/12/99</td> </tr> <tr> <td data-bbox="508 792 1073 845">Name (Typed or Printed) A.L. Hansen</td> <td data-bbox="1073 792 1466 845">Title Admin.</td> </tr> </table>			Signature 	Date 7/12/99	Name (Typed or Printed) A.L. Hansen	Title Admin.
Signature 	Date 7/12/99							
Name (Typed or Printed) A.L. Hansen	Title Admin.							

ISSUED: 07-03-1999

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