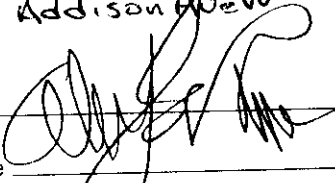


|                                                                                                |                                                                                                                                                                                |                                                                                              |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>No. W 17590</b>                                                                             | <b>Due no later than December 31, 2003</b><br><b>Annual Report Form</b>                                                                                                        | 2. Registered Agent and Office <b>NO PO BOX</b>                                              |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address - Correct in this box, if applicable<br><br>SNAKE RIVER GASTROENTEROLOGY LABS,<br>141 Morrison St<br><del>660 GHOSHONE ST</del><br><br>TWIN FALLS, ID 83301 | ALLEN J SINCLAIR MD<br><del>660 GHOSHONE ST</del><br>141 Morrison St<br>TWIN FALLS, ID 83301 |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                               |                                                                                                                                                                                | 3. <u>New</u> Registered Agent Signature                                                     |

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> |
|--------------------|-----------------------------------|-------------------------------|-------------|--------------|------------|
| Member             | Allen J. Sinclair MD              | 141 Morrison St               | Twin Falls  | ID           | 83301-5451 |
| Member             | Kent J. Smith MD                  | 141 Morrison St               | Twin Falls  | ID           | 83301-5451 |
| Member             | Ted Rea MD                        | 141 Morrison St               | Twin Falls  | ID           | 83301-5451 |
| Member             | Robert M Ward MD                  | 141 Morrison St               | Twin Falls  | ID           | 83301-5451 |
| Member             | Magic Valley Regional Medical Ctr | 650 Addison Ave W             | Twin Falls  | ID           | 83301      |

|                                                         |                                                                                                                                                                                         |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 17590 | 6. <br>Signature _____ Date _____<br>Name (Typed or Printed) <u>Allen J. Sinclair</u> Title <u>MD</u> |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|