No. **W 17590**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than December 31, 2003
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

SNAKE RIVER GASTROENTEROLOGY LABS,
141 Morrison St
~~638 SHOSHONE ST~~
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

ALLEN J SINCLAIR MD
~~638 SHOSHONE ST~~
141 Morrison St
TWIN FALLS, ID 83301

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
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
Member	Magic Valley Regional Medical Ctr	650 Addison Ave W	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
W 17590

6.
Signature _____ Date _____
Name (Typed or Printed) Allen J. Sinclair Title MD

Issued 10/01/2003

Do Not Tape or Staple

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