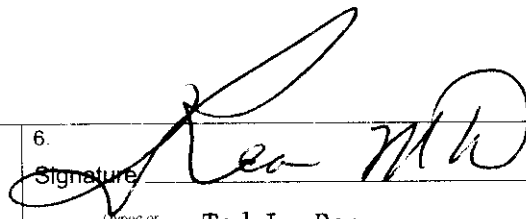


No. C 134389	Due no later than June 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX TED L REA 4142 SHOSHONE FALLS GRADE TWIN FALLS, ID 83301												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DIGESTIVE HEALTH SERVICES, LTD. TED L REA 4442 SHOSHONE FALLS GRADE PO Box 1293 TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Ted L. Rea</td> <td>PO Box 1293</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Ted L. Rea	PO Box 1293	Twin Falls,	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Ted L. Rea	PO Box 1293	Twin Falls,	ID	83301									
5. Organized Under the Laws of: IDAHO C 134389	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">  Signature <small>(Type or Printed)</small> Ted L. Rea </div> <div style="text-align: right;"> Date <u>5-5-04</u> Title <u>Pres.</u> </div> </div>													