

No. <b>W 52719</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  DIGESTIVE HEALTH CLINIC, LLC STEVEN FARRO 6259 W EMERALD STREET BOISE ID 83704 USA		MARK MALLORY 6259 W EMERALD STREET BOISE ID 83704			
				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	
MANAGER	SAMUEL S GIBSON	6259 W EMERALD ST	BOISE	ID		83704	
MANAGER	MARK A MALLORY	6259 W. EMERALD ST.	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID W 52719</b>		6. Annual Report must be signed.* Signature: Steven Farro Name (type or print): Steven Farro Date: 07/10/2015 Title: Administrator					
Processed 07/10/2015		* Electronically provided signatures are accepted as original signatures.					