

No. W 17590

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

SNAKE RIVER GASTROENTEROLOGY LABS,
141 MORRISON ST
TWIN FALLS, ID 83301ROBERT M WARD MD
141 MORRISON ST
TWIN FALLS, ID 83301NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Medical Director	Robert M. Ward, M.D.	141 Morrison St.	Twin Falls	ID	83301
President	Kent J. Smith, M.D.	"	"	"	"
Secretary	Ted L. Rea, M.D.	"	"	"	"
	Seth N. Wheeler, M.D.	"	"	"	"
	St. Lukes Magic Valley Regional Medical Center	650 Addison Ave W.	"	"	"

5. Organized Under the Laws of:
IDAHO
W 17590

6.

Signature



Date

10/29/07

Name (Typed or Printed)

Robert M. Ward, M.D.

Title

Medical Director

Issued 10/01/2007

Do Not Tape or Staple

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