No. W 59776	Annual Report Form  1. Mailing Address - Correct in this box. if applicable  TIMOTHY FLOYD, MD PLLC  CHARLES TIMOTHY FLOYD  PO BOX 3229  HAILEY, ID 83333		Registered Agent and Office NO PO BOX     CHARLES TIMOTHY FLOYD     10 HERONWOOD RD     BELLEVUE, ID 83313      New Registered Agent Signature	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				
	es: Enter Names and Addresses of N	lanagers.		
Office held Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>
Manager Charles T. Flo	40 70 30x 3229 Haik		10	83373
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5. Organized Under the Laws of:	6. Marcha 7	Eleo		
IDAHO	Signature Work	- ya	Date	27/8
W 59776	Signature Olan les 7 Name (Typed or Charles 7)	. Ployd	Date	ager
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