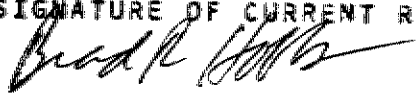
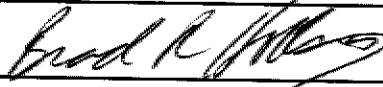


No. W 2807	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct BRAD R. HOBBS, M.D. AND MICH BRAD R HOBBS 206 MARTIN TWIN FALLS ID 83301		BRAD R HOBBS 206 MARTIN TWIN FALLS ID 83301 3. Organized Under the Laws of: ID W 2807																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>partner <i>RND</i></td> <td>Brad R Hobbs MD</td> <td>206 Martin</td> <td>TF</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>partner <i>SEC</i></td> <td>Michael K Taylor MD</td> <td>206 Martin</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	partner <i>RND</i>	Brad R Hobbs MD	206 Martin	TF	ID	83301	partner <i>SEC</i>	Michael K Taylor MD	206 Martin	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
partner <i>RND</i>	Brad R Hobbs MD	206 Martin	TF	ID	83301																	
partner <i>SEC</i>	Michael K Taylor MD	206 Martin	"	"	"																	
5. SIGNATURE OF CURRENT RA 		6. Signature  Date <u>7/23/97</u> Name (Typed or Printed) <u>Brad R Hobbs MD</u> Title <u>partner</u>																				

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

460