

No. W 59776	Due no later than February 29, 2008 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 TIMOTHY FLOYD, MD PLLC CHARLES TIMOTHY FLOYD PO BOX 3229 HAILEY, ID 83333			CHARLES TIMOTHY FLOYD 10 HERONWOOD RD BELLEVUE, ID 83313	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager/Member	Charles Timothy Floyd	PO Box 3229	Hailey	ID	83333
5. Organized Under the Laws of: IDAHO W 59776		6. Signature	Date <u>2/8/08</u>		
		Name <small>(Typed or Printed)</small>	Title <u>Agent Manager Member</u>		

Issued 12/03/2007

Do Not Tape or Staple

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