


<b>No. W 59776</b>	<b>Due no later than February 29, 2008</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b> CHARLES TIMOTHY FLOYD 10 HERONWOOD RD BELLEVUE, ID 83313	
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET 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 applicable</b> TIMOTHY FLOYD, MD PLLC CHARLES TIMOTHY FLOYD PO BOX 3229 HAILEY, ID 83333		<b>3. New Registered Agent Signature</b>  	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b>				
<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
<b>5. Organized Under the Laws of:</b> IDAHO W 59776		<b>6.</b> Signature  Name (Typed or Printed) <u>Charles Timothy Floyd</u> Date <u>2/3/8</u> Title <u>Agent Manager Member</u>		

Issued 12/03/2007

**Do Not Tape or Staple**

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