

No. <b>W 2807</b>		<b>Due no later than Aug 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		MICHAEL K TAYLOR 261 CANYON CREST DR TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b> MICHAEL K. TAYLOR, MD AND JASON T. HALVERSON, MD, PLLC MICHAEL K TAYLOR PO BOX 1293 TWIN FALLS ID 83303-1293 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MICHAEL K TAYLOR	261 CANYON CREST DR	TWIN FALLS	ID	USA	83301	
MEMBER	JASON T HALVERSON	261 CANYON CREST DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 2807</b>		Signature: John Coleman			Date: 06/26/2012		
		Name (type or print): John Coleman			Title: Agent		
Processed 06/26/2012		* Electronically provided signatures are accepted as original signatures.					