

No. <b>W 59776</b>		<b>Due no later than Feb 29, 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>  <b>1. Mailing Address: Correct in this box if needed.</b>  TIMOTHY FLOYD, MD PLLC CHARLES TIMOTHY FLOYD PO BOX 1240 EAGLE ID 83616 USA		CHARLES TIMOTHY FLOYD 10 HERONWOOD RD BELLEVUE ID 83313	
				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
MANAGER	CHARLES TIMOTHY FLOYD	PO BOX 3229	HAILEY	ID	USA 83333
5. Organized Under the Laws of:  <b>ID W 59776</b>		6. Annual Report must be signed.* Signature: Charles Timothy Floyd Name (type or print): Charles Timothy Floyd Date: 01/02/2012 Title: Manager			
Processed 01/02/2012		* Electronically provided signatures are accepted as original signatures.			