

No. W 59776		Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TIMOTHY FLOYD, MD PLLC CHARLES TIMOTHY FLOYD 1075 N. CURTIS RD. BOISE ID 83706 USA		CHARLES TIMOTHY FLOYD 10 HERONWOOD RD BELLEVUE ID 83313			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHARLES TIMOTHY FLOYD	Street or PO Address PO BOX 3229		City HAILEY	State ID	Country USA	Postal Code 83333
5. Organized Under the Laws of: ID W 59776		6. Annual Report must be signed.* Signature: Charles Timothy Floyd Name (type or print): Charles Timothy Floyd Date: 12/26/2012 Title: President					
Processed 12/26/2012 * Electronically provided signatures are accepted as original signatures.							