No. **W 2807**	**Due no later than Aug 31, 2011**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** MICHAEL K. TAYLOR, MD AND JASON T. HALVERSON, MD, PLLC MICHAEL K TAYLOR 206 MARTIN SUITE A TWIN FALLS ID 83301	MICHAEL K TAYLOR 206 MARTIN STE A TWIN FALLS ID 83301 3. New 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	206 MARTIN	TWIN FALLS	ID	USA	83301
MEMBER	JASON T HALVERSON	206 MARTIN SUITE A	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 2807**	Signature: John Coleman	Date: 06/20/2011
	Name (type or print): John Coleman	Title: Accountant

Processed 06/20/2011

* Electronically provided signatures are accepted as original signatures.