

No. W 59776	Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES TIMOTHY FLOYD 10 HERONWOOD RD BELLEVUE ID 83313	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TIMOTHY FLOYD, MD PLLC CHARLES TIMOTHY FLOYD PO BOX 3229 PO Box 1240 HAILEY ID 83333 Eagle ID 83616		3. <u>New</u> Registered Agent Signature.	

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;"> <div style="font-size: 8px;">Manager</div> <div style="font-size: 8px;">Member</div> </div> <div style="margin-left: 5px;">Member (circle one)</div>	Charles Timothy Floyd	PO Box 1240	Eagle	ID	USA	83616

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 59776 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u>Charles Timothy Floyd</u> </td> <td style="width: 30%;"> Date: <u>9/7/11</u> </td> </tr> <tr> <td> Name (type or print): <u>Charles Timothy Floyd</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Charles Timothy Floyd</u>	Date: <u>9/7/11</u>	Name (type or print): <u>Charles Timothy Floyd</u>	Title: <u>Manager</u>
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