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|--|-------------------|--|------------|---|------------------|-------------|--|
| No. W 2807 | | Due no later than Aug 31, 2009 | | 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 | | MICHAEL K TAYLOR 206 MARTIN STE A TWIN FALLS ID 83301 | | | |
| | | 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 | | 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 | 206 MARTIN | TWIN FALLS | ID | USA | 83301 | |
| MANAGER | 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: Jason Halverson | | | Date: 07/21/2009 | | |
| | | Name (type or print): Jason Halverson | | | Title: Owner | | |
| Processed 07/21/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |