

No. W 2807	Due no later than Aug 31, 2001 Annual Report Form		2. Registered Agent and Office 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 applicable		BRAD R HOBBS 206 MARTIN TWIN FALLS, ID 83301		
NO FILING FEE IF RECEIVED BY DUE DATE	BRAD R. HOBBS, M.D. AND MICHAEL K. BRAD R HOBBS 206 MARTIN TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Brad R Hobbs MD	2041 Stadium Blvd	TF	ID	83301
	Michael K Taylor MD	3302 Oregon Trails	Kimberly	ID	83341
5. Organized Under the Laws of:	6. Signature <u>Brad R Hobbs</u> Date <u>6/7/01</u>				
IDAHO W 2807	Name <small>(Typed or Printed)</small> <u>Brad R Hobbs MD</u> Title _____				