

<b>No. W 2807</b>	<b>Due no later than Aug 31, 2001</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  BRAD R HOBBS 206 MARTIN  TWIN FALLS, ID 83301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  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. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Brad R Hobbs MD</td> <td>2041 Stadium Blvd</td> <td>TF</td> <td>ID</td> <td>83301</td> </tr> <tr> <td></td> <td>Michael K Taylor MD</td> <td>3302 Oregon Trails</td> <td>Kimberly</td> <td>ID</td> <td>83341</td> </tr> </tbody> </table>				<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
<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:  IDAHO W 2807		6. Signature <u>Brad R Hobbs</u> Date <u>6/7/01</u>  Name (Typed or Printed) <u>Brad R Hobbs MD</u> Title _____																			