

No. W 2807

Due no later than August 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MICHAEL K. TAYLOR, MD AND JASON T.
MICHAEL K TAYLOR
206 MARTIN
SUITE A
TWIN FALLS, ID 83301

MICHAEL K TAYLOR
206 MARTIN STE A
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office heldNameStreet or P.O. AddressCityStateZip

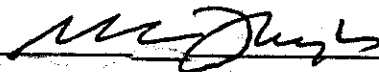
Michael K. Taylor, M.D. 206 Martin suite A Twin Falls, ID 83301
Jason T. Helgeson, M.D. 206 Martin suite A Twin Falls, ID 83301

5. Organized Under the Laws of:

IDAHO
W 2807

6.

Signature



Date

6-11-08

Name

MICHAEL K TAYLOR

Title

General partner

Issued 06/02/2008

Non-Resident, Do Not

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