No. W 2807

Due no later than August 31, 2008

Annual Report Form

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

NO FILING FEE IF RECEIVED BY DUE DATE

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

2. Registered Agent and Office NO PO BOX

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

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
	Michael K Taylor, M.D.	206 Martin Suite A	Twin Falls,	ID	83301
	Jason T. Halverson, M.D	206 Martin Suite A	Twin Falls,	ID	83301

5. Organized Under the Laws of:
IDAHO
W 2807

6.
Signature [signature] Date 6-11-09
Name K TAYLOR Title General Partner

Issued 06/02/2008

Archive, Do Not

50