

# APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

**FILED**



99 AUG 30 1999

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1. The name of the partnership is Twin Falls Clinic Building Associates, L.L.P.
2. It's principal office is located at 660 Shoshone Street E.  
Twin Falls, ID 83301
3. It's registered office in Idaho is located at 660 Shoshone Street E.  
Twin Falls, ID 83301, and the name of the registered agent at that address is Marley Jackman
4. The partnership is organized in the state of Idaho
5. The nature of it's business is acquisition, ownership & improvement of real estate.
6. The name(s) and address(es) of at least one partner:

Name

Address

Dr. Robert S. Lobb, Jr.

660 Shoshone Street E., Twin Falls, ID 83301

7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.

Dr. Robert S. Lobb, Jr.

IDAHO SECRETARY OF STATE  
Secretary of State Use Only

08/30/1999 09:00

CK: 3346 CT: 119856 BH: 245779

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