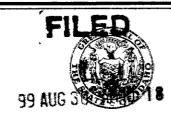
APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP



(Instructions on back of application)

Th P	ne undersigned partnership hereby applies for registration as a Limited LiabilityOF IDAHO Partnership, and submits the following information pursuant to section 53-343A, I.C.
1.	The name of the partnership is <u>Twin Falls Clinic Building Associates</u> , <u>L.L.P.</u>
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 isMarley Jackman
4.	The partnership is organized in the state of
5.	The nature of it's business is <u>acquisition</u> , 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
U.	in item 6. CX: 3346 CT: 119856 BH: 245779
	1 8 188.38 = 188.88 ORGAN LLP # 2
	Dr. Robert S. Lobb, Jr.

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