



STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

FILED/EFFECTIVE

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Secretary of State for statement of dissolution.

1. The name of the partnership is: Twin Falls Clinic Building Associates, LLP

2. The date of filed statement of partnership of authority is: August 30, 1999

3. The partnership is dissolved and is winding up its business.

4. Must be signed by 2 partners.

Date: 8/26/02

Signature: [Signature]

Typed name: David A. McClusky, MD

Signature: [Signature]

Typed name: Robert M. Ward, MD

Secretary of State use only

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Revision 01/2001

IDAHO SECRETARY OF STATE
08/27/2002 05:00
CK: 46561 CT: 66687 BH: 485010
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