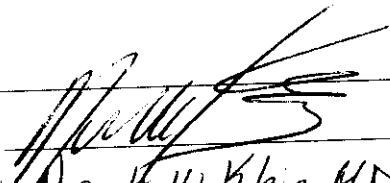


No. W 1831	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LONE PINE TREE, LIMITED LIABILITY C NOAH W KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO, ID 83204		NOAH W KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO, ID 83204 3. New Registered Agent Signature _____												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager and Registered Agent</td> <td>Noah W. Klein</td> <td>4747 Johnny Creek Rd</td> <td>Pocatello</td> <td>ID</td> <td>83204</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager and Registered Agent	Noah W. Klein	4747 Johnny Creek Rd	Pocatello	ID	83204
Office held	Name	Street or P.O. Address	City	State	Zip										
Manager and Registered Agent	Noah W. Klein	4747 Johnny Creek Rd	Pocatello	ID	83204										
5. Organized Under the Laws of: IDAHO W 1831	6. Signature  Name (Typed or Printed) <u>Noah W. Klein MD</u>			Date <u>12-10-03</u> Title <u>Registered Agent</u> <u>Manager</u>											