

No. W 7745

Due no later than January 31, 2009

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

1. Mailing Address - Correct in this box, if applicable

HIGHLAND MEDICAL PARK, LLC
DAVID L HUNTER
PO BOX 1243
POCATELLO, ID 83204DAVID L HUNTER
216 N 8TH AVE
POCATELLO, ID 83204NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

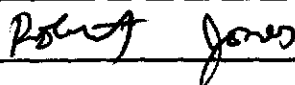
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	ROBERT JONES	1951 BENCH ROAD, SUITE C	POCATELLO	ID	83201
	KRIS WALKER	1951 BENCH ROAD, SUITE B	POCATELLO	ID	83201

5. Organized Under the Laws of:

IDAHO
W 7745

6.

Signature



Date

12/5/08

Name (Typed or Printed)

ROBERT JONES

Title

MANAGER

Issued 11/05/2008

Do Not Tape or Staple

200901006048