No. W 6180		Due no later than May 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. WHW PROPERTIES, LLC GARY W WALLACE, MD 2290 CORONADO ST IDAHO FALLS ID 83404		2. Registered Ag	2. Registered Agent and Address (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				GARY W WALLACE MD 2290 CORONADO ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*				
4. Limited Liability Comp	oanies: Enter Nai	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	LARRY EVANS		2290 CORONADO ST.	IDAHO FALLS	ID	USA	83404	
MEMBER	PAUL M HEND		2290 CORONADO ST.	IDAHO FALLS	ID	USA	83404	
MEMBER	NED R WARN		2290 CORONADO	IDAHO FALLS	ID	USA	83404	
MEMBER TODD A WIL		LLIAMS	2290 CORONADO ST	IDAHO FALLS	ID	USA	83404	
MEMBER	CLINT E BE	HREND	2290 CORONADO ST.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID		Signature: Gary W Wallace,md		D	Date: 03/22/2011			
W 6180		Name (type or print): Gary W Wallace,md		Title: Medical Director				
Processed 03/22/2011		* Electronically	provided signatures are accepted as original	signatures.				