

No. <b>W 1831</b>		<b>Due no later than Dec 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  LONE PINE TREE, LIMITED LIABILITY COMPANY 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. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	NOAH W KLEIN, M.D.	4747 JOHNNY CREEK RD	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 1831</b>		Signature: Noah W. Klein, M.D.				Date: 12/08/2011	
		Name (type or print): Noah W. Klein, M.D.				Title: Manager	
Processed 12/08/2011		* Electronically provided signatures are accepted as original signatures.					