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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 16312</b>                                                                                                                                     |                                    | <b>Due no later than Aug 31, 2011</b>                                                                                                                                                                              |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MOUNTAIN VIEW-MPT HOSPITAL, LLC<br>STEVE HAMNER<br>1000 URBAN CENTER DR<br>STE 501<br>BIRMINGHAM AL 35242<br>USA |            | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br>USA |         |             |  |
|                                                                                                                                                        |                                    |                                                                                                                                                                                                                    |            | 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                                                                                                                                                | HEALTH CARE PROPERTY INVESTORS INC | 3760 KILROY AIRPORT WAY #300                                                                                                                                                                                       | LONG BEACH | CA                                                                                  | USA     | 90806       |  |
| MEMBER                                                                                                                                                 | MPT OF IDAHO, LLC                  | 1000 URBAN CENTER DRIVE SUITE 501                                                                                                                                                                                  | BIRMINGHAM | AL                                                                                  | USA     | 35242-2225  |  |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 16312</b>                                                                                           |                                    | 6. Annual Report must be signed.*<br>Signature: R. Steven Hamner<br>Name (type or print): R. Steven Hamner                                                                                                         |            |                                                                                     |         |             |  |
| Processed 08/05/2011                                                                                                                                   |                                    | Date: 08/05/2011<br>Title: Evp & Cfo                                                                                                                                                                               |            |                                                                                     |         |             |  |
| * Electronically provided signatures are accepted as original signatures.                                                                              |                                    |                                                                                                                                                                                                                    |            |                                                                                     |         |             |  |