

| | | | | | |
|--|-----------------------|---|------------|--|-------------|
| No. W 110537 | | Due no later than Jan 31, 2017 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MPT OF BOISE HOSPITAL, LLC JAMEY RAMSEY 1000 URBAN CENTER DR STE 501 BIRMINGHAM AL 35242 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | |
| | | | | 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 |
| MEMBER | RICHARD STEVEN HAMNER | 1000 URBAN CENTER DRIVE SUITE 501 | BIRMINGHAM | AL | USA |
| | | | | | Postal Code |
| | | | | | 35242 |
| 5. Organized Under the Laws of: DE W 110537 | | 6. Annual Report must be signed.* Signature: JAMEY RAMSEY Name (type or print): JAMEY RAMSEY | | | |
| | | Date: 11/21/2016 Title: TAX DIRECTOR | | | |
| Processed 11/21/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |