

No. W 110533		Due no later than Jan 31, 2014		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 POST FALLS HOSPITAL, LLC CASSIE CATES 1000 URBAN CENTER DR STE 501 BIRMINGHAM AL 35242		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 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
MEMBER	RICHARD HAMNER	1000 URBAN CENTER DRIVE SUITE 501	BIRMINGHAM	AL	USA 35242
5. Organized Under the Laws of: DE W 110533		6. Annual Report must be signed.* Signature: Cassie Cates Name (type or print): Cassie Cates Date: 01/15/2014 Title: Tax Manager			
Processed 01/15/2014		* Electronically provided signatures are accepted as original signatures.			