| No. W 8836 | | Due no later than May 31, 2010 | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------------------------|--|-------------------------------------|---|------------|----------------|--|
| Return to: | | Annual Report Form | | LARRY T CURTIS 283 N 1ST E DRIGGS ID 83422 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | TETON VAL LARRY T C PO BOX 800 | 1. Mailing Address: Correct in this box if needed. TETON VALLEY MEDICAL PROPERTIES, LLC LARRY T CURTIS PO BOX 800 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | DRIGGS ID | 83422 | 3. New Registered Agent Signature:* | | | | |
| 4. Limited Liability Companies: En | iter Names and Addres | sses of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| | Y T CURTIS RAH CURTIS | PO BOX 29 283 N 1ST E PO BOX 29 283 N 1ST E | DRIGGS DRIGGS | ID ID | USA USA | 83422 83422 | |
| 5. Organized Under the Laws of: | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: | Larry T Curtis | | Date: 06/07/2010 | | | |
| W 8836 | | Name (type or print): Larry T Curtis | | Title: Gen Partner | | | |
| Processed 06/07/2010 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |