

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>J 890</b>   | <b>Due no later than Jun 30, 2015</b><br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br>NAMPA MEDICAL PROPERTIES, LLP<br>KATHY MAGGARD<br>215 E HAWAII AVE<br>NAMPA ID 83686-6011<br>USA |   | JOHN KAISER MD<br>215 E HAWAII AVE<br>NAMPA ID 83686 |       |         |             |
|  |   |   | 3. <u>New</u> Registered Agent Signature:*           |       |         |             |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.   |   |   |  |       |         |             |
| Office Held  | Name  | Street or PO Address  | City   | State | Country | Postal Code |
| PARTNER  | HAROLD KUNZ MD  | 215 E HAWAII AVE  | NAMPA  | ID    | USA     | 83686       |
| PARTNER  | MICHAEL DEE MD  | 215 E HAWAII AVE  | NAMPA  | ID    | USA     | 83686       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 890</b>   | 6. Annual Report must be signed.*<br>Signature: Kathy Maggard<br>Name (type or print): Kathy Maggard  |   | Date: 06/30/2015<br>Title: Office Manager            |       |         |             |
| Processed 06/30/2015   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |