

No. W 1831		Due no later than Dec 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LONE PINE TREE, LIMITED LIABILITY COMPANY NOAH W KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO ID 83204		NOAH W KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO ID 83204			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name NOAH W KLEIN, M.D.	Street or PO Address 4747 JOHNNY CREEK RD		City POCATELLO	State ID	Country USA	Postal Code 83204
5. Organized Under the Laws of: ID W 1831		6. Annual Report must be signed.* Signature: Noah W. Klein M.D. Name (type or print): Noah W. Klein M.D. Date: 12/09/2010 Title: Manager					
Processed 12/09/2010 * Electronically provided signatures are accepted as original signatures.							