

No. W 1831		Due no later than Dec 31, 2010		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		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			
				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	
MANAGER	NOAH W KLEIN, M.D.	4747 JOHNNY CREEK RD	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 1831		Signature: Noah W. Klein M.D.				Date: 12/09/2010	
		Name (type or print): Noah W. Klein M.D.				Title: Manager	
Processed 12/09/2010		* Electronically provided signatures are accepted as original signatures.					