No. **W 1831**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than Dec 31, 2002
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

LONE PINE TREE, LIMITED LIABILITY C
NOAH W KLEIN, M.D.
4747 JOHNNY CREEK RD

POCATELLO, ID 83204

2. Registered Agent and Office **NO PO BOX**

NOAH W KLEIN, M.D.
4747 JOHNNY CREEK RD

POCATELLO, ID 83204

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Noah W. Klein, M.D.	4747 Johnny Creek Rd	Pocatello	ID	83204

5. Organized Under the Laws of:

IDAHO
W 1831

6. Signature _____ Date 10/17/02

Name (Typed or Printed) Noah W. Klein MD Title Mgr

Issued 10/01/2002

Do Not Tape or Staple