

No. W 1831	Due no later than Dec 31, 2015 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 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		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: 10/24/2015 Title: Manager		
Processed 10/24/2015		* Electronically provided signatures are accepted as original signatures.				