

No. W 1831

Due no later than December 31, 2006
Annual Report Form

2. Registered Agent and Office 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 applicable

LONE PINE TREE, LIMITED LIABILITY C
NOAH W KLEIN, M.D.
4747 JOHNNY CREEK RD
POCATELLO, ID 83204NOAH W KLEIN, M.D.
4747 JOHNNY CREEK RD
POCATELLO, ID 83204NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

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

11-10-06

Name

(Typed or
Printed)

Noah W. Klein, M.D.

Title

Manager