

No. W 1831	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct LONE PINE TREE, LIMITED LIAB NOAH W KLEIN, M.D. 4747 JOHNNY CREEK RD		NOAH W KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO ID 83204												
	POCATELLO ID 83204		3. Organized Under the Laws of: ID W 1831												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)															
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><i>Registered Agent Manager</i></td> <td><i>Noah W Klein M.D.</i></td> <td><i>4747 Johnny Creek Rd.</i></td> <td><i>Pocatello</i></td> <td><i>ID</i></td> <td><i>83204</i></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	<i>Registered Agent Manager</i>	<i>Noah W Klein M.D.</i>	<i>4747 Johnny Creek Rd.</i>	<i>Pocatello</i>	<i>ID</i>	<i>83204</i>
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<i>Registered Agent Manager</i>	<i>Noah W Klein M.D.</i>	<i>4747 Johnny Creek Rd.</i>	<i>Pocatello</i>	<i>ID</i>	<i>83204</i>										
5. Signature of New Registered Agent	6. Signature <i>[Signature]</i> Date <i>7-27-99</i> Name <i>Noah W. Klein, M.D.</i> Title <i>Registered Agent</i>														

ISSUED: 07-03-1999

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