

No. <b>J 890</b>		<b>Due no later than Jun 30, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JOHN KAISER MD 215 E HAWAII AVE NAMPA ID 83686			
		<b>1. Mailing Address: Correct in this box if needed.</b> NAMPA MEDICAL PROPERTIES, LLP KELLY SCHNEBLY PO BOX 7248 BOISE ID 83703		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	HAROLD KUNZ MD	215 E HAWAII AVE	NAMPA	ID	USA	83686	
PARTNER	MICHAEL DEE MD	215 E HAWAII AVE	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID J 890</b>		Signature: John Kaiser			Date: 05/25/2018		
		Name (type or print): John Kaiser			Title: Partner		
Processed 05/25/2018		* Electronically provided signatures are accepted as original signatures.					