No. W 1831

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than December 31, 2007
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, MD	4747 Johnny Creek Rd.	Pocatello	ID	83204

5. Organized Under the Laws of:
IDAHO
W 1831

6.
Signature _____ Date 4-1-07
Name (Typed or Printed) Noah W. Klein, MD Title Manager

Issued 10/01/2007

Do Not Tape or Staple

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