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|--|--------------------|--|-------|--|---------|-------------|--|
| No. J 890 | | Due no later than Jun 30, 2012 | | 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 | | Annual Report Form | | JOHN KAISER MD 215 E HAWAII AVE NAMPA ID 83686 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | NAMPA MEDICAL PROPERTIES, LLP KATHY MAGGARD 215 E HAWAII AVE NAMPA ID 83686-6011 USA | | | | | |
| 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 | RICHARD AGUILAR 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.* | | | | | |
| ID J 890 | | Signature: Kathy Maggard | | Date: 06/26/2012 | | | |
| | | Name (type or print): Kathy Maggard | | Title: Director of Accounting | | | |
| Processed 06/26/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |