| No. W 110533 | Due no later than Jan 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|-------|---------|-------------|
| Return to: | Annual Report Form | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. | | | | |
| | MPT OF POST FALLS HOSPITAL, LLC JAMEY RAMSEY 1000 URBAN CENTER DR STE 501 | | | | |
| | BIRMINGHAM AL 35242 | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER RICHARD ST | TEVEN HAMNER 1000 URBAN CENTER DRIVE SUITE 50 |)1 BIRMINGHAM | AL | USA | 35242 |
| | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| DE Signature: JAMEY RAMSEY | | Date: 11/21/2016 | | | |
| W 110533 | Name (type or print): JAMEY RAMSEY | Title: TAX DIRECTOR | | | |
| Processed 11/21/2016 | * Electronically provided signatures are accepted as original signatures. | | | | |