

No. W 89234	Due no later than Dec 31, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. CLEARWATER MEDICAL PROPERTIES, LLC JILL M BALL 1522 17TH ST LEWISTON ID 83501 USA		JOAN RICHARDSON 19795 TAMMANY CREEK RD LEWISTON ID 83501			
			3. <u>New</u> Registered Agent Signature:*			
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	JOAN E RICHARDSON	19795 TAMMANY CREEK RD	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 89234	6. Annual Report must be signed.* Signature: Jill M Ball Name (type or print): Jill M Ball		Date: 10/17/2011 Title: Manager			
Processed 10/17/2011		* Electronically provided signatures are accepted as original signatures.				