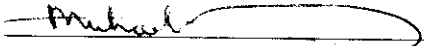


No. J 890	Due no later than November 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NAMPA MEDICAL PROPERTIES, LLP 215 E HAWAII AVE NAMPA, ID 83686		MICHAEL DEE MD 215 E HAWAII AVE NAMPA, ID 83686												
			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Partnerships: No further information is required. <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="height: 200px;"></td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO J 890</div>		6. Signature <u></u> Date <u>9/19/03</u> Name <small>(Typed or Printed)</small> <u>Michael Dee MD</u> Title <u>President</u>													