

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	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
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New Registered Agent Signature</u>

4. Limited Liability Partnerships: No further information is required.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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5. Organized Under the Laws of: IDAHO J 890	6. Signature <u>Michael</u> Name <small>(Typed or Printed)</small> <u>Michael Dee MD</u>	Date <u>9/19/03</u>
		Title <u>President</u>