

No. J 890		Due no later than Jun 30, 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		1. Mailing Address: Correct in this box if needed. NAMPA MEDICAL PROPERTIES, LLP NANCY D POWELL 215 E HAWAII AVE NAMPA ID 83686-6011 USA		JOHN KAISER MD 215 E HAWAII AVE NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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: ID J 890		6. Annual Report must be signed.* Signature: Nancy D Powell Name (type or print): Nancy D Powell Date: 05/06/2011 Title: Chief Financial Officer					
Processed 05/06/2011 * Electronically provided signatures are accepted as original signatures.							