

No. <b>W 131560</b>	<b>Due no later than Nov 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		GARY GREGERSON 1611 12TH AVE RD STE A NAMPA ID 83686			
	GREGERSON MEDICAL PROPERTIES, LLC GARY GREGERSON 1611 12TH AVE RD STE A NAMPA ID 83686		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
MANAGER	GARY GREGERSON	1611 12TH AVE ROAD SUITE A	NAMPA	ID	USA	83686
5. Organized Under the Laws of:  <b>ID</b> <b>W 131560</b>		6. Annual Report must be signed.* Signature: Gary Gregerson Name (type or print): Gary Gregerson		Date: 09/29/2014 Title: Owner		
Processed 09/29/2014		* Electronically provided signatures are accepted as original signatures.				