

|                                                                                                                                                        |                                    |                                                                                                                                                                                             |            |                                                                              |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------|---------|-------------------|--|
| No. <b>W 16312</b>                                                                                                                                     |                                    | <b>Due no later than Aug 31, 2018</b>                                                                                                                                                       |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MOUNTAIN VIEW-MPT HOSPITAL, LLC<br>1000 URBAN CENTER DR<br>STE 501<br>BIRMINGHAM AL 35242 |            | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |         |                   |  |
|                                                                                                                                                        |                                    |                                                                                                                                                                                             |            | 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                                                                                                                                                 | HEALTH CARE PROPERTY INVESTORS INC | 3760 KILROY AIRPORT WAY #300                                                                                                                                                                | LONG BEACH | CA                                                                           | USA     | 90806             |  |
| MEMBER                                                                                                                                                 | MPT OF IDAHO, LLC                  | 1000 URBAN CENTER DRIVE SUITE 501                                                                                                                                                           | BIRMINGHAM | AL                                                                           | USA     | 35242-2225        |  |
| 5. Organized Under the Laws of:                                                                                                                        |                                    | 6. Annual Report must be signed.*                                                                                                                                                           |            |                                                                              |         |                   |  |
| <b>DE<br/>W 16312</b>                                                                                                                                  |                                    | Signature: Morgan Hurst                                                                                                                                                                     |            |                                                                              |         | Date: 08/06/2018  |  |
|                                                                                                                                                        |                                    | Name (type or print): Morgan Hurst                                                                                                                                                          |            |                                                                              |         | Title: Tax Senior |  |
| Processed 08/06/2018                                                                                                                                   |                                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                   |            |                                                                              |         |                   |  |