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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 78916</b>                                                                                                                                     |                             | <b>Due no later than Nov 30, 2016</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>MEDICAL BUILDING INVESTMENT GROUP LLC<br>MONICA A HANSON<br>PO BOX 1271<br>KETCHUM ID 83340 |         | ANTHONY ST GEORGE<br>460 EAST SUN VALLEY RD STE 203<br>STE. 203<br>KETCHUM ID 83340 |         |             |  |
|                                                                                                                                                        |                             |                                                                                                                                                                                               |         | 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                                                                                                                                                | ALPINE INVESTMENT GROUP LLC | P O BOX 1271                                                                                                                                                                                  | KETCHUM | ID                                                                                  | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 78916</b>                                                                                           |                             | 6. Annual Report must be signed.*<br>Signature: Alpine Investment Group LLC<br>Name (type or print): Alpine Investment Group LLC<br>Date: 11/17/2016<br>Title: Manager                        |         |                                                                                     |         |             |  |
| Processed 11/17/2016                                                                                                                                   |                             | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |         |                                                                                     |         |             |  |