

No. J 890		Due no later than Jun 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		JOHN KAISER MD 215 E HAWAII AVE NAMPA ID 83686			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		NAMPA MEDICAL PROPERTIES, LLP NANCY D POWELL 215 E HAWAII AVE NAMPA ID 83686-6011 USA					
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:		6. Annual Report must be signed.*					
ID J 890		Signature: Nancy D Powell			Date: 04/28/2009		
		Name (type or print): Nancy D Powell			Title: Chief Financial Officer		
Processed 04/28/2009		* Electronically provided signatures are accepted as original signatures.					