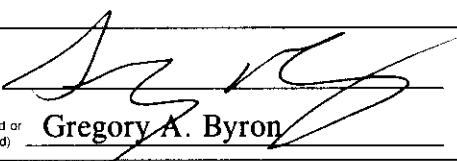


No. <b>W 32522</b>		Due no later than <b>August 31, 2006</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		GREGORY A BYRON													
		1. Mailing Address - Correct in this box, if applicable		3101 W MAIN STE 200													
		PARAMOUNT PARKS HEALTH CARE AT EAGL		BOISE, ID 83702													
		PO BOX 7156															
		BOISE, ID 83707 1156		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers.																	
<table><tr><td><u>Office held</u></td><td><u>Name</u></td><td><u>Street or P.O. Address</u></td><td><u>City</u></td><td><u>State</u></td><td><u>Zip</u></td></tr><tr><td>Manager</td><td>Douglas Jayo</td><td>1323 S. Five Mile Road</td><td>Boise</td><td>ID</td><td>83709</td></tr></table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Douglas Jayo	1323 S. Five Mile Road	Boise	ID	83709
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
Manager	Douglas Jayo	1323 S. Five Mile Road	Boise	ID	83709												
5. Organized Under the Laws of:  IDAHO W 32522		6. Signature  Date <u>6-17-06</u>															
		Name <small>(Typed or Printed)</small> <u>Gregory A. Byron</u> Title <u>Registered Agent</u>															

Issued 06/01/2006

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