| No. W 9514 | | | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------|--|----------------------|---|-------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | PAUL R WAREING 2264 ENELL ST IDAHO FALLS ID 83402 | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | | | |
| | | EAGLE MEDICAL PROPERTIES, LLC PAUL R WAREING PO BOX 51625 IDAHO FALLS ID 83405 | | | | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 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 PAUL R WAI | | REING | 397 S. 35TH W. | | IDAHO FALLS | ID | USA | 83402 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| IDAHO W 9514 | | Signature: Tammi Sosalla | | | Date: 07/21/2006 | | | |
| | | Name (type or print): Tammi Sosalla | | | Title: Accountant | | | |
| Processed 07/21/2006 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |