

No. W 30705	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX MARK D CHRISTENSEN 4627 VICTORIAN WAY IDAHO FALLS, ID 83404																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable EAGLE ROCK HEALTH SERVICES, LLC 4627 VICTORIAN WAY IDAHO FALLS, ID 83404		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Mark Christensen</td> <td>4627 Victorian Way</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Operation</td> <td>James White</td> <td>3082 Jackie Ct.</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Mark Christensen	4627 Victorian Way	Idaho Falls	ID	83404	Operation	James White	3082 Jackie Ct.	Idaho Falls	ID	83402
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Operation	James White	3082 Jackie Ct.	Idaho Falls	ID	83402																
5. Organized Under the Laws of: IDAHO W 30705		6. Signature <u>Mark D. Christ</u> Date <u>3/18/05</u> Name (Typed or Printed) <u>Mark D. Christensen</u> Title <u>President</u>																			

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