No. **W 90017**	**Due no later than Jan 31, 2011**	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** **1. Mailing Address: Correct in this box if needed.** EAGLE HOSPICE HOUSE LLC LAURIE K CAMPBELL 600 E STATE ST STE 300 EAGLE ID 83616 USA	LAURIE K CAMPBELL 600 E STATE ST STE 300 EAGLE ID 83616 3. New 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	LAURIE K CAMPBELL	600 E STATE ST SUITE 300	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 90017**	Signature: Laurie K Campbell	Date: 11/29/2010
	Name (type or print): Laurie K Campbell	Title: Owner

Processed 11/29/2010

* Electronically provided signatures are accepted as original signatures.