

No. W 32522	Due no later than Aug 31, 2005 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. PARAMOUNT PARKS HEALTH CARE AT EAGLE L.L.C. 1101 W RIVER ST STE 340 BOISE ID 83702 0000	GREGORY A BYRON 1101 W RIVER ST STE 340 BOISE ID 83702 0000				
		3. <u>New</u> 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	DOUGLAS JAYO	1323 S FIVE MILE RD	BOISE	ID		83709
5. Organized Under the Laws of: IDAHO W 32522		6. Annual Report must be signed.* Signature: Gregory A. Byron Name (type or print): Gregory A. Byron Date: 06/15/2005 Title: Registered Agent				
Processed 06/15/2005		* Electronically provided signatures are accepted as original signatures.				