## FILED EFFECTIVE

No. C 176295	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013	2. Registered Agent and Office (NOT A P.O. BOX)
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  EAGLE HEALTH PLAZA OWNER'S ASSOCIATION, INC.  LISA K PARKER MCALLISTER 755 W. FRONT STREET - STE 300 BOISE ID 83702 USA	STEPHANIE C WESTERMEIER 1055 NORTH CURTIS RD BOISE ID 83706
REINSTATEMENT FEE DUE: \$30.00		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.  Office Held  Name Street or PO Address City State Country Postal Code  DIRECTOR RIZHMED RUMBER 755 W. FRONT ST. STE 300 BODGE DO 82702  DIRECTOR PATRICLE MARCH 755 W. FRONT ST. STE 300 BODGE DO 83702  DIRECTOR DARREL & FUGATE 1055 N. WRITS 2D. 3675E DO 83706		
5. Organized Under the La	iws of: 6.	
IDAHO	Signature: Alland	Date: /・ <b>ノ</b> Z・/ <b>学</b>
C 176295	Name (type or print):	Title:
Issued 01/22/2014 by KAH	REHAMO P. CLARK	DRATOL
ATIENT OF LOND		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM