No. W 35198	Due no later than December 31, 2005	2. Registered Agent and Office NO PO BO
Return to:	Annual Report Form	
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	RICHARD P CLARK
700 WEST JEFFERSON	HEALTH PLAZA ENTERPRISES LLC	475 S CAPITOL BLVD STE 300
PO BOX 83720	RICHARD P CLARK	BOISE, ID 83702
BOISE, ID 83720-0080	475 S CAPITOL BLVD STE 300	
	BOISE, ID 83702	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		Salar - I som Olghature
	<u> </u>	
Entitled Liability Compa	anies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address	
	Cit	Y <u>State</u> Zip
MANAJER E	PARED P. CLARK.	
MANAZER E	P.D. HARD P. CLARK. P.O. BOX 7248 BOBSE DD 83701-1248	
MANAGER E	P.D. HARD P. CLARK. P.O. BOX 7248 PORSE, DD 83701-1248	
MANAGEN E	P.D. BOX 7248 BOZSE, DD 83701-1248	
	P.O. Box 7248 BOZSE, DD 83701-1248 6. Signature Allend	
Organized Under the Laws of:	P.O. Box 7248 BOZSE, DD 83701-1248 6. Signature Allend	Date 10/14/05 Title MANAGER.