No. <b>W 33424</b>		Due no later than Sep 30, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  EAGLE HEALTH PLAZA, LLC PO BOX 1559 BOISE ID 83701		2.	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					RICHARD P CLARK 225 N 9TH STREET SUITE 530 BOISE ID 83702  3. New Registered Agent Signature:*			
		nes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code
MANAGER	RICHARD P	CLARK	P.O. BOX 1559	E	BOISE	ID		83701
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: MICHAEL K THOMAS			Date: 08/22/2018			
W 33424		Name (type or print): MICHAEL K THOMAS			Title: ACCOUNTANT			
Processed 08/22/2018 * Electronically provided signatures are accepted as original signatures.								