Return to:	Due no later than September 30, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	EAGLE HEALTH PLAZA, LLC PO ROX 7248	RICHARD P CLARK 475 S CAPITQL BLVD STE 300 BOISE, ID 83702
NO FILING FEE IF RECEIVED BY DUE DATE 4.		3. New Registered Agent Signature
Limited Liability Companie Office held Name	es: Enter Names and Addresses of Managers. Street or P.O. Address Ch	Y <u>State</u> <u>Zip</u>
MANGER LE	HARD P. CLANCE	
7.0. Zoz	Box 7248 3707-1248	
7.0.	Box 7248 35=, 20 83707-1248	Date 7.11.07