

No. W 33424	Due no later than Sep 30, 2016 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. EAGLE HEALTH PLAZA, LLC MARK D MCALLISTER PO BOX 1559 BOISE ID 83701		RICHARD P CLARK 225 N 9TH STREET SUITE 530 BOISE ID 83702			
			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	RICHARD P CLARK	225 N 9TH STREET SUITE 530	BOISE	ID		83702
5. Organized Under the Laws of: ID W 33424	6. Annual Report must be signed.* Signature: Richard P Clark Name (type or print): Richard P Clark		Date: 09/02/2016 Title: Manager			
Processed 09/02/2016		* Electronically provided signatures are accepted as original signatures.				