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| No. W 61519 | | Due no later than Apr 30, 2015 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE ED REAL ESTATE LLC CATHERINE MUMM 2963 E COPPER POINT DRIVE MERIDIAN ID 83642 USA | | STEPHANIE WESTERMEIER 1055 N CURTIS RD BOISE 83706 | |
| | | | | 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 |
| MEMBER | IEP EAGLE LLC | 2963 E COPPER POINT DR | MERIDIAN | ID | 83642 |
| MEMBER | SAINT ALPHONSUS DIVERSIFIED CARE INC | 1055 N CURTIS RD | BOISE | ID | 83706 |
| 5. Organized Under the Laws of: ID W 61519 | | 6. Annual Report must be signed.* Signature: Catherine Mumm Name (type or print): Catherine Mumm Date: 03/04/2015 Title: Controller | | | |
| Processed 03/04/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |