No. W 16529		Due no later than Sep 30, 2005		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LINDA MAINVIL FISCHER			
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. LINGARDEN HEALTH, LLC LINDA M MAINVIL FISCHER PO BOX 860 PINEHURST ID 83850 0000			111 DIVISION ST N PINEHURST ID 83850 0000 3. New Registered Agent Signature:*			
				3. <u>Ivew</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	ıme		Street or PO Address	City	State	Country	Postal Code	
MEMBER LIN	LINDA MAINVIL FISCHER		PO BOX 860	PINEHURST	ID		83850	
MEMBER P GARY DAMIANO		MIANO	PO BOX 860	PINEHURST	ID		83850	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDA HO W 16529		Signature: Linda M Mainvil Fischer Date: 10/12/2005						
		Name (type or p		Title: Registered Agent				
* Electronically provided signatures are accepted as original signatures.								