No. <b>W 33424</b>	1	Due no later than Sep 30, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RICHARD P CLARK  475 S CAPITOL BLVD STE 300  BOISE ID 83702			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  EAGLE HEALTH PLAZA, LLC  MARK D MCALLISTER  PO BOX 7248					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MARK D M			BOISE ID 83702			
	BOISE ID	BOISE ID 83707-1248		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	er Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER RICHAR	D P CLARK	755 WEST FRONT STREET, SUITE 3	BOISE	ID	USA	83702	
5. Organized Under the Laws of: 6. Annual		ort must be signed.*					
ID	Signature:	Signature: Richard P Clark		Date: 10/02/2008			
W 33424	Name (type	or print): Richard P Clark	Title: Manager				
Processed 10/02/2008	* Electronically	* Electronically provided signatures are accepted as original signatures.					