lo. C 55909	Annual Report Form 1997 Due No Later Than November 30,	2. Registered Agent ar	nd Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	DONALD R. 215 NORTH	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	EASTGATE HEALTHCARE ASSOCIATION R. WAGNER 215 N 9TH STE A	POCATELLO	
* FIRST NOTICE *	POCATELLO ID 53201	10	0 55969
Corporations: Enter Names and Limited Liability Companies: Er	Business Addresses of President, Secretary and Directors ter Names and Addresses of Managers or Members (check one)	
Office held Name	Street or P.O. Address	City	State Zip
PRES. NONALI	N. WAGNER 215 N. 9th Sh	D POCATE	LLO D 8320
	6.		×
	Simonia Ornald R Wager	19	1/12/07
	Signature Ond R Wags Name (Typed or Now ALD A. WAG	Date Date	1/12/17 ones.
ISSUED: 07-04-1	Name Printed DONALD A. WAC	NEN Title	1/12/17 ones.