| No. <b>W 33424</b>   |              | Due  | 2. Registered Agent and Address (NO PO BOX) |   |       |         |             |
|--|--------------|--|---|---|-------|---------|-------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |              | Annual Report Form  1. Mailing Address: Correct in this box if needed.  EAGLE HEALTH PLAZA, LLC  MARK D MCALLISTER  PO BOX 7248  BOISE ID 83707-1248 |   | RICHARD P CLARK 755 WEST FRONT STREET SUITE 300 BOISE ID 83702  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |              |  |   |   |       |         |             |
| 4. Limited Liability Companies   | s: Enter Nar | mes and Addresses  | of at least one Member or Manager.          |   |       |         |             |
| Office Held N  | lame         |  | Street or PO Address                        | City  | State | Country | Postal Code |
| MANAGER R:   | ICHARD P     | CLARK  | 755 W FRONT STREET STE 300                  | BOISE   | ID    | USA     | 83702       |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |   |   |       |         |             |
| ID   |              | Signature: Rich  | Date: 07/22/2013                            |   |       |         |             |
| W 33424  |              | Name (type or  | Title: Manager                              |   |       |         |             |
| rocessed 07/22/2013 * Electronically provided signatures are accepted as original signatures.  |              |  |   |   |       |         |             |