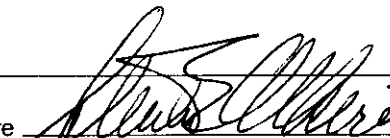


| No. W 16673 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | Due no later than Oct 31, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable CLINIC AT EAGLE, LLC (THE) 3552 W DEERFIELD DR <i>205 N. TENTH</i> BOISE 83702 <i>SUITE 300</i> EAGLE, ID 83616 | 2. Registered Agent and Office NO PO BOX STEVEN E ALKIRE 3552 W DEERFIELD DR EAGLE, ID 83616 3. New Registered Agent Signature | | | | | | | | | | | | |
|--|--|--|--------------------|--------------|-------------------------------|-------------|--------------|------------|-----------------------|----------------------------|------------------------------|--------------|-----------|--------------|
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 30%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"><i>MEMBER/MANAGER</i></td> <td style="vertical-align: top;"><i>KATHERINE T. ALKIRE</i></td> <td style="vertical-align: top;"><i>3552 W. DEERFIELD DR.</i></td> <td style="vertical-align: top;"><i>EAGLE</i></td> <td style="vertical-align: top;"><i>ID</i></td> <td style="vertical-align: top;"><i>83616</i></td> </tr> </tbody> </table> | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <i>MEMBER/MANAGER</i> | <i>KATHERINE T. ALKIRE</i> | <i>3552 W. DEERFIELD DR.</i> | <i>EAGLE</i> | <i>ID</i> | <i>83616</i> |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | |
| <i>MEMBER/MANAGER</i> | <i>KATHERINE T. ALKIRE</i> | <i>3552 W. DEERFIELD DR.</i> | <i>EAGLE</i> | <i>ID</i> | <i>83616</i> | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 16673</div> | 6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name <small>(Typed or Printed)</small> <i>STEVEN E. ALKIRE</i> </div> <div style="width: 35%;"> Date <i>8/14/02</i> Title <i>REG. AGENT</i> </div> </div> | | | | | | | | | | | | | |