No. C 176295	Due no later than Dec 31, 2016	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE HEALTH PLAZA OWNER'S ASSOCIATION, INC. MARK MCALLISTER 225 N 9TH STREET STE 530 BOISE ID 83702 USA	1055 NORT BOISE ID	STEPHANIE C WESTERMEIER 1055 NORTH CURTIS RD BOISE ID 83706 3. New Registered Agent Signature:*			
	ness Addresses of President, Secretary, and Directors. Treasure	r (optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR RICHARD P DIRECTOR PATRICK K DIRECTOR DARRELL R	MARCH 225 N 9TH STREET SUITE 530	BOISE BOISE BOISE	ID ID ID	USA USA USA	83702 83702 83706	
5. Organized Under the Laws of:	zed Under the Laws of: 6. Annual Report must be signed.*					
ID	Signature: Richard P Clark	Date: 10/28/2016				
C 176295	Name (type or print): Richard P Clark Title: Director					
Processed 10/28/2016	* Electronically provided signatures are accepted as original signatures.					