

No. W 11826	Due no later than Apr 30, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX TINA WEATHERMON 730A WARNER AVE LEWISTON, ID 83501																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SEASONS RESIDENTIAL CARE, L.L.C. TINA WEATHERMON 730A WARNER AVE LEWISTON, ID 83501	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: 25%;"><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: 15%;"><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>OWNER/ ADMINISTRATOR</td> <td>TINA WEATHERMON</td> <td>730A WARNER AVE.</td> <td>LEWISTON</td> <td>ID.</td> <td>83501</td> </tr> <tr> <td>OWNER</td> <td>RANDY WEATHERMON</td> <td>730A WARNER AVE.</td> <td>LEWISTON</td> <td>ID.</td> <td>83501</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>	OWNER/ ADMINISTRATOR	TINA WEATHERMON	730A WARNER AVE.	LEWISTON	ID.	83501	OWNER	RANDY WEATHERMON	730A WARNER AVE.	LEWISTON	ID.	83501
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5. Organized Under the Laws of: IDAHO W 11826	6. Signature <u>Tina Weathermon</u> Name (Typed or Printed) <u>TINA WEATHERMON</u> Date <u>02/12/01</u> Title: <u>OWNER</u> <u>ADMINISTRATOR</u>																			