

No. W 3209		Due no later than Dec 31, 2013		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. ROYAL PLAZA RETIREMENT CENTER LEWISTON LLC BORGEN CONNIE 2870 JUNIPER DR LEWISTON ID 83501		BRYAN CLAY 2870 JUNIPER DR LEWISTON ID 83501			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	RITA CLAY	PO BOX 1086	MONROE	WA	USA	98272	
MEMBER	BRYAN CLAY	P.O. BOX 1086	MONROE	WA	USA	98272	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 3209		Signature: Connie Borgen				Date: 12/04/2013	
		Name (type or print): Connie Borgen				Title: Administrator	
Processed 12/04/2013		* Electronically provided signatures are accepted as original signatures.					