No. C 185723		Due no later than Jan 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. HERITAGE ASSISTED LIVING, INC. RICHARD L. DRAKE 622 FILER AVE. W. TWIN FALLS ID 83301 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				126 65600	THOMAS B HIGH 126 SECOND AVE NORTH TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
				TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busin	ess Addresses o	of President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RICHARD L.	DRAKE	622 FILER AVE. W.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 185723		Signature: I	Richard Drake		Date: 11/09/2011			
		Name (type		Title: President				
Processed 11/09/2011		* Electronically	provided signatures are accepted as origin	al signatures.				