



Idaho Corporation Annual Report Form

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Due no later than: 03/31/2019

Return completed form within 30 days to: Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise ID 83720

Annı	ual Report: No filing fe	e if receiv	red by the due date.		Phone: (208) 334-2300	25/
		F	iling Status: Active-Good Standin		ng	Ŋ Ø
		Pate Formed: 03/01/1983	Formation Locale: ID		19	
Name and Mailing Address: RETIREMENT LIVING CONCEPTS, INCORPORATED 1705 W PINE /503 Northshore DR SANDPOINT, ID 83864				(1) Add or Change Mailing Address:		11:25
				- 10 · 10		AM
Registered A DONNA L JO 1705 WEST SANDPOINT	PINE 1503/		e (RO) Address:	(2) Change for analog for Address.		
(3) New Reg	Note: The R	_	ifice address must be a physi	cal Idaho	address (no postal box).	PA I
			If a new agent is appointed in ite	em (2) abo	ve, the new agent must sign here to accept the appointme	ent. U
) Corporations: Enter names and business addresses (with zip code) of the President, Vic				<u> </u>	
Title	Name		Business Address		City, State, Zip	<u> 0</u>
President	Craig A Goha	11	1503 Northshi		Sandpoint, ID 83864	- 0
Selvetary / reas	sure Donkshi e	6hvsw	1568 Northshor	re-11/2	Sandpoint, ID 83869	TE T
<u> </u>		 			-	ᅷ
(5) Board of Dire	ectors names and business a	ıddresses (wi	th zip code). Attach additional s	sheet if ne	ecessary.	****
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(5) Signature:				(6) Date	April 14 2019	rende
		OBROW Y/		· —	0 12	_ 0
(/) Type/Print Na	ame: Donaz L.	JOHN.	SON	(8) Title	Suretary/ /neason	-
Instructions:	Legibly complete the form abo	ove. Sign an	d date this form and return to th	e address	provided above.	Den