No. W 118484		Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SENIOR CARE RESOURCE, LLC LISA THOMPSON 104 9 TH AVE S. SUITE B NAMPA ID 83651		LISA THOMPSON 1021 W HAWAII AVE NAMPA ID 83686				
					3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Nar	nes and Address	ses of at least one Member or Manager					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER LISA THOMF		PSON	1021 W. HAWAII AVE		NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lisa Thompson			Date: 09/09/2016			
W 118484		Name (type or print): Lisa Thompson			Title: Administrator			
Processed 09/09/2016 * Electronically provided signatures are accepted as original signatures.								