No. <b>W 114006</b>	Due no later than May 31, 2016 2. Registered Agent and Address (NO PO			PO BOX)	
Return to:	Annual Report Form		TYSON FRANTZ		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address: Correct in this box if needed.  POST FALLS ASSISTED LIVING LLC	307 N LINCOLN ST STE A POST FALLS ID 83854			
BOISE, ID 83720-0080	TYSON FRANTZ 307 N LINCOLN ST STE A POST FALLS ID 83854	3. New Registered	3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE	POSTTALES ID 03034	or <u>recv.</u> Register ee	. Agene o	ignatal ci	
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
MEMBER MATT FR. MEMBER TYSON FR		COEUR D ALENE POST FALLS	ID ID	USA USA	83815 83854
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Tyson Frantz Date: 04/20/2016				
W 114006	Name (type or print): Tyson Frantz	7	Title: Member		
Processed 04/20/2016	* Electronically provided signatures are accepted as original signatures.				