

No. <b>W 66081</b>		<b>Due no later than Aug 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TRINITY ASSISTED LIVING LLC VIVIAN A SWANSEN PO BOX 521 KOOTENAI ID 83840		VIVIAN A SWANSEN 100 HUMBIRD ST KOOTENAI ID 83840			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name VIVIAN A SWANSEN	Street or PO Address PO BOX 521		City KOOTENAI	State ID	Country USA	Postal Code 83840
5. Organized Under the Laws of:  <b>ID</b> <b>W 66081</b>		6. Annual Report must be signed.*  Signature: Vivian A Swansen Name (type or print): Vivian A Swansen  Date: 07/07/2010 Title: Administrator					
Processed 07/07/2010      * Electronically provided signatures are accepted as original signatures.							