

No. C 122018		Due no later than Dec 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CASSIA LONG TERM CARE, INC. A KEITH HOLLOWAY 1475 N COLE RD BOISE ID 83704 USA		GREGORY A BYRON 1101 W RIVER ST STE 340 BOISE ID 83702			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	A. KEITH HOLLOWAY	1475 N. COLE RD.	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 122018		6. Annual Report must be signed.* Signature: A. Keith Holloway Name (type or print): A. Keith Holloway					
		Date: 10/07/2011 Title: President					
Processed 10/07/2011 * Electronically provided signatures are accepted as original signatures.							