No. <b>W 149005</b>		Due no later than Mar 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  GOLDEN GIRLS RESIDENTIAL CARE, LLC 214 LARKSPUR LANE LEWISTON ID 83501		2. Registere	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				1050 HEN LEWISTO	MARCUS C FOWLER 1050 HEMLOCK DRIVE LEWISTON ID 83501  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LUCAS J FOWLER		)WLER	3707 20TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  ID		6. Annual Report must be signed.* Signature: Lucas Fowler			Date: 03/06/2017			
<b>W 149005</b> Processed 03/06/2017		Name (type or print): Lucas Fowler Title: Member  * Electronically provided signatures are accepted as original signatures.						