

No. <b>W 128988</b>		<b>Due no later than Sep 30, 2016</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>  BOISE RESIDENTIAL CARE ASSISTED LIVING HOMES, LLC 3023 E COPPER POINT DR STE 106 MERIDIAN ID 83642		S & S LEGAL DOCUMENT LLC 3023 E COPPER POINT DR STE 106 MERIDIAN ID 83642			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL E WOLFE	4660 HATCHERT RD	EAGLE	ID	USA	83616	
MANAGER	MELISSA WOLFE	4660 HATCHERT RD	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  <b>ID</b> <b>W 128988</b>		6. Annual Report must be signed.*  Signature: Michael Wolfe Name (type or print): Michael Wolfe					
		Date: 10/03/2016 Title: Manager					
Processed 10/03/2016		* Electronically provided signatures are accepted as original signatures.					