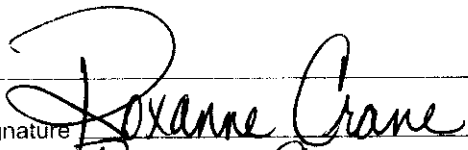


<b>No. W 17606</b>	<b>Due no later than December 31, 2004 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address - Correct in this box, if applicable</b>  POPLAR GROVE ASSISTED LIVING, L.L.C 356 E CLEVELAND GLENN'S FERRY, ID 83623		DEWEY CRANE 356 E CLEVELAND GLENN'S FERRY, ID 83632																		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New Registered Agent Signature</u>																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">member</td> <td>Dewey Crane</td> <td>P.O. Box 923</td> <td>Glenn's Ferry</td> <td>ID</td> <td>83623</td> </tr> <tr> <td style="text-align: center;">member</td> <td>Roxanne Crane</td> <td>P.O. Box 923</td> <td>Glenn's Ferry</td> <td>ID</td> <td>83623</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	member	Dewey Crane	P.O. Box 923	Glenn's Ferry	ID	83623	member	Roxanne Crane	P.O. Box 923	Glenn's Ferry	ID	83623
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5. Organized Under the Laws of:  IDAHO W 17606	6.  Signature  Name (Typed or Printed) <b>ROXANNE CRANE</b>		Date <b>1-10-05</b>  Title <b>Administrator</b>																		