

No. W 41054	Due no later than Jul 31, 2016 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.		WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616			
	STREAMSIDE ASSISTED LIVING LLC WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616		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
MEMBER	WILLIAM J HINES	3886 W HOUSELAND CT	EAGLE	ID		83616
MEMBER	NANCY M HINES	3886 W HOUSELAND CT	EAGLE	ID		83616
5. Organized Under the Laws of: ID W 41054	6. Annual Report must be signed.*					
			Signature: Nancy M Hines		Date: 08/08/2016	
			Name (type or print): Nancy M Hines		Title: Member	
Processed 08/08/2016		* Electronically provided signatures are accepted as original signatures.				