

No. W 121093	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) NICOLETA FLONTA 2502 SUNNYBROOK DR NAMPA ID 83686																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. AGAPE ASSISTED LIVING L.L.C. 2502 SUNNYBROOK DR NAMPA ID 83686		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td colspan="6">Nicole Flonta 2502 Sunnybrook Dr. Nampa, ID Canyon 83686</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	Nicole Flonta 2502 Sunnybrook Dr. Nampa, ID Canyon 83686						Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 121093		6. Signature: <u>Nicola Flonta</u> Name (type or print): <u>Nicole Flonta</u> Date: <u>10-16-14</u> Title: <u>president</u>																																				