| No. W 23158 | | Due no later than Mar 31, 2015 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|-----------------------|---------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | LINDA S HINES | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SENIOR LIFESTYLES LLC LINDA S HINES 4356 N NINES RIDGE LN BOISE ID 83702 | | BOISE 83 | 4356 N NINES RIDGE LN BOISE 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 LINDA HINES | | S-KROLL | 4356 N NINES RIDGE LN | BOISE | ID | | 83702 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Linda S Hines | | | Date: 01/24/2015 | | | |
| W 23158 | | Name (type or | print): Linda S Hines | | Title: Member | | | |
| Processed 01/24/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |