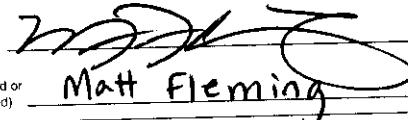


No. W 3209	Due no later than Dec 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX MATT FLEMING 2870 JUNIPER DR LEWISTON, ID 83501																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ROYAL PLAZA RETIREMENT & CARE CENTE MATT FLEMING 2870 JUNIPER DR LEWISTON, ID 83501		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Jaclyn Smith</td> <td>2870 Juniper Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Manager</td> <td>Rita Clay</td> <td>2870 Juniper Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Manager</td> <td>Barbara Smith</td> <td>2870 Juniper Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</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>	Manager	Jaclyn Smith	2870 Juniper Dr.	Lewiston	ID	83501	Manager	Rita Clay	2870 Juniper Dr.	Lewiston	ID	83501	Manager	Barbara Smith	2870 Juniper Dr.	Lewiston	ID	83501
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 3209</div>		6. Signature  Date <u>10/10/01</u> Name <small>(Typed or Printed)</small> <u>Matt Fleming</u> Title <u>Administrator</u>																									