No. С 75939	Due no later than May 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. CEDAR CREST RETIREMENT CENTER, INC. CHARLENE HUMPHERYS 1200 E 6TH S MOUNTAIN HOME ID 83647	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:		CHARLENE HUMPHERYS 490 EAST 2ND NORTH MOUNTAIN HOME ID 83647
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
NO FILING FEE IF RECEIVED BY DUE DATE		3, <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.		
Office Held Nan	ne Street or PO Address	City State Country Postal Code
President-Charlene Humpherys 480 East 2 north 83477		
V-President Grea Humpherys Mountain Home Ida Elmore		
	14303 Caribou at	· ·
	Caldus	111. Idaho 83407
5. Organized Under the Laws	of: 6.	
o. Organized Onder the Laws		Date: 3 - 20 - 11
IDAHO	Signature: O houlene Humpher	200.3 72 11
C 75939	Name (type or print): Charlene Hum	pherys Title:owner
Issued 03/17/2011 by KAH 119458		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.