No. <b>W 151146</b>		Due no later than May 31, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ADVANCE	ADVANCED HEALTH CARE CORP.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  GRANGEVILLE RP SNF, LLC CINDY M STICE 215 N WHITLEY DR STE 3 FRUITLAND ID 83619		FRUITLAN	215 N WHITLEY DR STE 3 FRUITLAND ID 83619  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: E	Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held Nam	ne		Street or PO Address	City	State	Country	Postal Code	
MEMBER DAV	ID W N	ATTRESS	215 N WHITLEY DR STE 3	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: sar		Date: 03/19/2018				
W 151146		Name (type or		Title: admin assistant				
rocessed 03/19/2018 * Electronically provided signatures are accepted as original signatures.								