

|  |                  |  |       |   |         |                  |  |
|--|------------------|--|-------|---|---------|------------------|--|
| No. <b>W 84637</b>   |                  | <b>Due no later than Jun 30, 2013</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SENIOR CARE & CONCIERGE, LLC<br>DANIELLE BENNION<br>9238 W BEACHSIDE LN<br>BOISE ID 83714 |       | DANIELLE BENNION<br>9238 W BEACHSIDE LN<br>BOISE ID 83714 |         |                  |  |
|  |                  |  |       | 3. <u>New</u> Registered Agent Signature:*                |         |                  |  |
| 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   | DANIELLE BENNION | 9238 W. BEACHSIDE LANE   | BOISE | ID  | USA     | 83714            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 84637</b>  |                  | Signature: Danielle Bennion  |       |   |         | Date: 04/24/2013 |  |
|  |                  | Name (type or print): Danielle Bennion   |       |   |         | Title: Member    |  |
| Processed 04/24/2013   |                  | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |