

No. <b>W 136734</b>	<b>Due no later than Apr 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> LONG TERM CARE PARTNERS, LLC 100 ARBORETUM DR PORTSMOUTH NH 03801 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
			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
MANAGER	PAUL FORTE	100 ARBORETUM DRIVE	PORTSMOUTH	NH	USA	03801
5. Organized Under the Laws of:  <b>DE</b> <b>W 136734</b>		6. Annual Report must be signed.* Signature: Carmela DAmico Name (type or print): Carmela DAmico Date: 03/11/2016 Title: Authorized Signer				
Processed 03/11/2016		* Electronically provided signatures are accepted as original signatures.				