

No. W 10153		Due no later than Nov 30, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		DANIEL M JOHNSON 404 OAK ST NEZPERCE ID 83543	
		1. Mailing Address: Correct in this box if needed. S & J RESIDENTIAL CARE L.L.C. DANIEL M JOHNSON PO BOX 36 NEZPERCE ID 83543		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	SUSAN DILTS	PO BOX 25	WINCHESTER	ID	83555
MANAGER	JOHN DILTS	PO BOX 25	WINCHESTER	ID	83555
5. Organized Under the Laws of: ID W 10153		6. Annual Report must be signed.* Signature: DANIEL M JOHNSON Name (type or print): DANIEL M JOHNSON Date: 10/15/2015 Title: Attorney			
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.			