

No. W 3209	Due no later than Dec 31, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. ROYAL PLAZA RETIREMENT & CARE CENTER, L.L.C. BORGEN CONNIE 2870 JUNIPER DR LEWISTON ID 83501		BRYAN CLAY 2870 JUNIPER DR LEWISTON ID 83501			
			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	BRYAN CLAY	P.O. BOX 1086	MONROE	WA	USA	98272
5. Organized Under the Laws of: ID W 3209	6. Annual Report must be signed.* Signature: Connie Borgen Name (type or print): Connie Borgen		Date: 10/15/2011 Title: Administraor			
Processed 10/15/2011		* Electronically provided signatures are accepted as original signatures.				