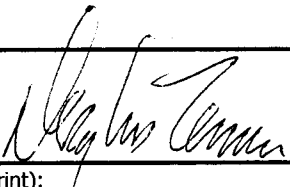
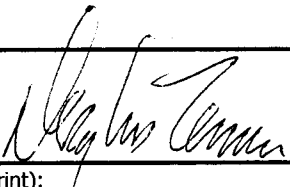
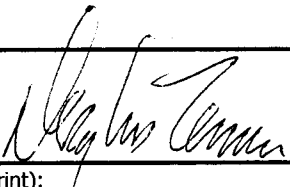


No. W 153716	Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ENGLEFIELD MEMORY CARE LLC DOUG TAMURA 1124 SANTA MARIA DR BOISE ID 83712		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DOUGLAS TAMURA	1124 SANTA MARIA	BOISE	ID	USA	83712
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 153716 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>6/26/16</u> </td> </tr> <tr> <td> Name (type or print): <u>DOUGLAS TAMURA</u> </td> <td> Title: <u>MEMBER</u> </td> </tr> </table>	Signature: 	Date: <u>6/26/16</u>	Name (type or print): <u>DOUGLAS TAMURA</u>	Title: <u>MEMBER</u>
Signature: 	Date: <u>6/26/16</u>				
Name (type or print): <u>DOUGLAS TAMURA</u>	Title: <u>MEMBER</u>				