| No. <b>W 57449</b>   |          | Due no later than Dec 31, 2012  |                      | 2. | 2. Registered Agent and Address (NO PO BOX)  |       |         |             |
|--|----------|---|----------------------|----|--|-------|---------|-------------|
| Return to:   |          | Annual Report Form  |                      |    | RHONDA SAND  |       |         |             |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                        |          | 1. Mailing Address: Correct in this box if needed. LIVING PASSAGES, LLC RHONDA G SAND 105 N. 1ST STREET. STE 200 COEUR D'ALENE ID 83814 |                      |    | 105 N 1ST ST #200<br>COEUR D'ALENE ID 83814<br>3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |          | USA   |                      |    |  |       |         |             |
| 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  | RHONDA G | SAND  | 2364 W DALTON AVE    | C  | COEUR D'ALENE  | ID    | USA     | 83815       |
| 5. Organized Under the Laws of:  |          | 6. Annual Report must be signed.*   |                      |    |  |       |         |             |
| ID   |          | Signature: Rhondasand   |                      |    | Date: 11/02/2012   |       |         |             |
| W 57449  |          | Name (type or print): Rhondasand  |                      |    | Title: Manager   |       |         |             |
| Processed 11/02/2012 * Electronically provided signatures are accepted as original signatures. |          |   |                      |    |  |       |         |             |