No. <b>W 128988</b>		Du	e no later than Sep 30, 2015	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			S & S LEGAL DOCUMENT LLC 3023 E COPPER POINT DR STE 106 MERIDIAN ID 83642			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BOISE RESIDENTIAL CARE ASSISTED LIVING HOMES, LLC C/O S&S LEGAL DOCUMENTS, LLC 3023 E COPPER POINT DR STE 106 MERIDIAN ID 83642						
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MELISSA WOLFE		4660 HATCHERT RD	EAGLE	ID	USA	83616	
MANAGER	AGER MICHAEL E WOLFE		4660 HATCHERT RD	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 128988		Signature: Mi		Date: 10/29/2015				
		Name (type o		Title: Manager				
Processed 10/29/2015 * Electronically provided signatures are accepted as original signatures.								