No. W 119487		later than Dec 31, 2013	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KIMBERLY W			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		986 HILLSIDE DR HAGERMAN ID 83332			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CENTER FOR COURAGEOUS LIVING LLC KIMBERLY WHITE 986 HILLSIDE DR					
	HAGERMAN ID 83332		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 KIMBERLY MICHELLE WHITE 986 HILLSIDE DR.		HAGERMAN	ID	USA	83332	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID Signature: Kim White		ite	Date: 10/27/2013			
W 119487	Name (type or print): Kim White		Title: Director			
Processed 10/27/2013	* Electronically provided signatures are accepted as original signatures.					