No. C 185925		Due no later than Jan 31, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. APPLEGATE ASSISTED LIVING INC BRIAN CRABTREE 3465 E 4058 N KIMBERLY ID 83341	3465 E 4058 KIMBERLY II	BRIAN CRABTREE 3465 E 4058 N KIMBERLY ID 83341 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Rusin		ess Addresses of President, Secretary, and Directors. Treasurer	(ontional)			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT PAM CRABT		RE 3465E 4058N	KIMBERLY	ID	USA	83341
5. Organized Under the Laws of: ID C 197025		6. Annual Report must be signed.* Signature: Brian Crabtree	Date: 11/27/2010			
C 185925 Processed 11/27/2010		Name (type or print): Brian Crabtree Title: Vp * Electronically provided signatures are accepted as original signatures.				