

No. W 72007		Due no later than Mar 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		PATRICIA G FOWLER 3707 20TH ST LEWISTON ID 83501			
		1. Mailing Address: Correct in this box if needed. LIVING SPRING RESIDENTIAL CARE, LLC PATRICIA G FOWLER 1050 HEMLOCK DR LEWISTON ID 83501 USA		3. <u>New</u> Registered Agent Signature:*			
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	
MEMBER	MARCUS C FOWLER	1355 LOST TRAIL DRIVE	PULLMAN	WA	USA	99163	
MEMBER	PATRICIA G FOWLER	3707 20TH ST	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 72007		6. Annual Report must be signed.* Signature: Marcus C Fowler Name (type or print): Marcus C Fowler Date: 01/13/2010 Title: Member/Manager					
Processed 01/13/2010		* Electronically provided signatures are accepted as original signatures.					