

No. <b>W 93223</b>	<b>Due no later than May 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SPRINGRIDGE ASSISTED LIVING FACILITY PLLC DALE S AMICK 2310 RICE AVE CALDWELL ID 83605 USA		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702			
			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	DALE S AMICK	2318 RICE AVE.	CALDWELL	ID	USA	83605
5. Organized Under the Laws of:  <b>ID</b> <b>W 93223</b>		6. Annual Report must be signed.* Signature: Dale S Amick Name (type or print): Dale S Amick Date: 03/17/2018 Title: Administrator				
Processed 03/17/2018		* Electronically provided signatures are accepted as original signatures.				