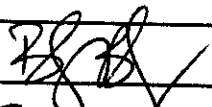


No. C 175790 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than November 30, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable LAKESIDE RESIDENTIAL CARE, INC. 605 JOSEPH STREET Box 156 WINCHESTER, ID 83555	2. Registered Agent and Office NO PO BOX BRIAN J BAGLEY BRIAN J BAGLEY 605 JOSEPH STREET Box 156 WINCHESTER, ID 83555 Box 156 3. New Registered Agent Signature BRIAN J BAGLEY																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>BRIAN BAGLEY</td> <td>Box 156</td> <td>Winchester</td> <td>ID</td> <td>83555</td> </tr> <tr> <td>SECRETARY</td> <td>AMANDA BAGLEY</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>TREASURER</td> <td>BRIAN BAGLEY</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	BRIAN BAGLEY	Box 156	Winchester	ID	83555	SECRETARY	AMANDA BAGLEY	"	"	"	"	TREASURER	BRIAN BAGLEY	"	"	"	"
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TREASURER	BRIAN BAGLEY	"	"	"	"																					
5. Organized Under the Laws of: IDAHO C 175790	6. Signature  Name (Typed or Printed) BRIAN BAGLEY Date 9/16/2008 Title PRESIDENT																									

Issued 09/02/2008

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