

No. W 41054		Due no later than Jul 31, 2018		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 1. Mailing Address: Correct in this box if needed. STREAMSIDE ASSISTED LIVING LLC WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616		WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616	
				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	WILLIAM J HINES	3886 W HOUSELAND CT	EAGLE	ID	83616
MEMBER	NANCY M HINES	3886 W HOUSELAND CT	EAGLE	ID	83616
5. Organized Under the Laws of: ID W 41054		6. Annual Report must be signed.* Signature: Nancy M. Hines Name (type or print): Nancy M. Hines Date: 05/25/2018 Title: Member			
Processed 05/25/2018		* Electronically provided signatures are accepted as original signatures.			