




No. W 130220	Due no later than Oct 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) VIOREL BOERU 601 W BLAINE AVE NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ADVANCED ASSISTED LIVING L.L.C. VIOREL BOERU 601 W BLAINE AVE NAMPA ID 83651		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	VioREL Boeru	601 W. Blaine Ave	Nampa	ID.	USA	83651
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 130220 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 08.21.2015 </td> </tr> <tr> <td> Name (type or print): VioREL Boeru </td> <td> Title: Owner </td> </tr> </table>	Signature: 	Date: 08.21.2015	Name (type or print): VioREL Boeru	Title: Owner
Signature: 	Date: 08.21.2015				
Name (type or print): VioREL Boeru	Title: Owner				

Issued 08/21/2015 by CLH
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FORM FOR THE IDAHO ANNUAL REPORT FORM