

No. W 20902		Due no later than Sep 30, 2014		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		SHELLY JONES 2245 FRANK BALL RD INKOM ID 83245			
		1. Mailing Address: Correct in this box if needed. WHISPERING PINES ASSISTED LIVING LLC. SHELLY JONES P.O. BOX 2089 POCATELLO ID 83201		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	
MANAGER	SHELLY JONES	2245 FRANK BALL RD	INKOM	ID	USA	83245	
MANAGER	SHAUN JONES	2245 FRANK BALL RD	INKOM	ID	USA	83245	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 20902		Signature: Shelly Jones			Date: 07/15/2014		
		Name (type or print): Shelly Jones			Title: Vp		
Processed 07/15/2014		* Electronically provided signatures are accepted as original signatures.					