

No. W 118425		Due no later than Oct 31, 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		1. Mailing Address: Correct in this box if needed. CREI FLORENCE HEALTHCARE, LLC BARTON COCHRAN 1222 VISTA AVE BOISE ID 83705 USA		BART COCHRAN 1222 VISTA AVE BOISE ID 83705			
				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	CLEARWATER 2008 NOTE PROGRAM,	1222 S VISTA AVE	BOISE	ID	USA	83705	
MEMBER	CLEARWATER 2008 NOTE PROGRAM,	1222 S VISTA AVE	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 118425		Signature: Russell L Case				Date: 08/27/2014	
		Name (type or print): Russell L Case				Title: Authorized Signatory	
Processed 08/27/2014		* Electronically provided signatures are accepted as original signatures.					