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| No. W 19256 | | Due no later than May 31, 2015 | | 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. LIVING SOLUTIONS, L.L.C. CHARLAYNE STREETER PO BOX 1995 POST FALLS ID 83877 | | CHARLAYNE STREETER 402 E 5TH POST FALLS ID 83854 | |
| | | | | 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 | CHARLAYNE STREETER | 402 E 5TH | POST FALLS | ID | 83854 |
| MANAGER | LAURA BURGAN | 402 E 5TH | POST FALLS | ID | 83854 |
| 5. Organized Under the Laws of: ID W 19256 | | 6. Annual Report must be signed.* Signature: Laura Burgan Name (type or print): Laura Burgan Date: 05/03/2015 Title: Manager | | | |
| Processed 05/03/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |