

No. W 19256		Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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.					