

|  |  |   |                                   |       |         |             |
|--|--|---|-----------------------------------|-------|---------|-------------|
| No. <b>C 189565</b>  | <b>Due no later than Dec 31, 2012</b><br><b>Annual Report Form</b>   | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |                                   |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CTM ASSISTED LIVING, INC.<br>JENNIFER BELVILLE<br>9766 MOSSY CUP ST<br>BOISE ID 83709 | LISA MOORE<br>9766 MOSSY CUP ST<br>BOISE ID 83709<br><br>3. <u>New</u> Registered Agent Signature:* |                                   |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |  |   |                                   |       |         |             |
| Office Held  | Name   | Street or PO Address  | City                              | State | Country | Postal Code |
| PRESIDENT  | LISA MOORE   | 9766 MOSSY CUP ST.  | BOISE                             | ID    | USA     | 83709       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 189565</b>  | 6. Annual Report must be signed.*<br>Signature: Lisa Moore<br>Name (type or print): Lisa Moore   |   | Date: 01/02/2013<br>Title: Member |       |         |             |
| Processed 01/02/2013   |  | * Electronically provided signatures are accepted as original signatures.                           |                                   |       |         |             |