No. C 175790		Due no later than Nov 30, 2017		2. Registered A	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LAKESIDE RESIDENTIAL CARE, INC. BRIAN J BAGLEY 3525 18TH STREET		3525 18TH S LEWISTON I	BRIAN J BAGLEY 3525 18TH STREET LEWISTON ID 83501 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses o	f President, Secretary, and Directors. Treas	urer (ontional)				
0.0	Name	css Addresses o	Street or PO Address	City	State	Country	Postal Code	
	AMANDA M BAGLEY BRIAN J BAGLEY		3525 18TH STREET 3525 18TH STREET	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 175790		Signature: B		Date: 09/20/2017				
		Name (type	or print): Brian Bagley		Title: President			
Processed 09/20/2017	* Electronically provided signatures are accepted as original signatures.							