

No. <b>C123537</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i> <b>1999</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>CORINNE SCHNEIDER</b> <b>679 TROY</b>  <b>IDAHO FALLS ID 83401</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>RIVERVIEW ASSISTED LIVING, I</b> <b>CORINNE SCHNEIDER</b> <b>679 TROY</b>  <b>IDAHO FALLS ID 83401</b>	3. Organized Under the Laws of:  <b>ID</b> <b>C123537</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<b>Office held</b>  <b>PRES</b>  <b>Sec/PRES</b>	<b>Name</b>  <b>Corinne Schneider</b>  <b>Olga Galarza</b>	<b>Street or P.O. Address</b>  <b>679 TROY</b>  <b>679 TROY</b>
	<b>City</b>  <b>IDAHO FALLS</b>  <b>IDAHO FALLS</b>	<b>State</b>  <b>ID</b>  <b>ID</b>
		<b>Zip</b>  <b>83401</b>  <b>83401</b>
5. Signature of New Registered Agent		6. Signature <u><i>Olga Galarza</i></u> Date <u><b>8-5-99</b></u>  Name <small>(Typed or Printed)</small> <u><b>OLGA GALARZA</b></u> Title <u><b>Secretary/PRES</b></u>

ISSUED: 07-03-1999

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