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|--|-----------------|--|-------------|---|---------|------------------|--|
| No. W 124547 | | Due no later than Apr 30, 2016 | | 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 | | 1. Mailing Address: Correct in this box if needed. RENAISSANCE ELDER CARE, LLC MICHAEL SMEDLEY PO BOX 1687 IDAHO FALLS ID 83403 | | MICHAEL SMEDLEY 1387 CAMBRIDGE DRIVE IDAHO FALLS ID 83401 | | | |
| | | | | 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 | MICHAEL SMEDLEY | PO BOX 1687 | IDAHO FALLS | ID | USA | 83403 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 124547 | | Signature: Michael Smedley | | | | Date: 03/14/2016 | |
| | | Name (type or print): Michael Smedley | | | | Title: Manager | |
| Processed 03/14/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |