No. W 132963		Due no later than Jan 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CINDY M STICE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AHC-MWE SNF HOLDINGS LLC CINDY M STICE 215 N WHITLEY DR STE 3 FRUITLAND ID 83619		FRUITLAND 1	215 N WHITLEY DR STE 3 FRUITLAND ID 83619 3. New Registered Agent Signature:*			
NO FILING FEI	E DATE	was and Addresses of a	sh land and Mambau at Managar					
4. Limited Liability Compa Office Held	Name	mes and Addresses of a	at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER	ADVANCED HEALTH CARE CORP		215 N WHITLEY DR STE 3	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 132963		Signature: sara jackson		Date	Date: 11/17/2015			
		Name (type or print): sara jackson		Title:	Title: admin assistant			
Processed 11/17/2015		* Electronically provide	ed signatures are accepted as original	l signatures.				