

No. C 185925		Due no later than Jan 31, 2014 Annual Report Form		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. APPLEGATE ASSISTED LIVING INC BRIAN CRABTREE 3465 E 4058 N KIMBERLY ID 83341		BRIAN CRABTREE 3465 E 4058 N KIMBERLY ID 83341			
						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	PAM CRABTREE	3465E 4058N	KIMBERLY	ID	USA	83341	
VICE PRESIDENT	BRIAN CRABTREE	3465E 4058N	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID C 185925		6. Annual Report must be signed.* Signature: Brian Crabtree Name (type or print): Brian Crabtree					
Processed 11/15/2013		Date: 11/15/2013 Title: Vice President * Electronically provided signatures are accepted as original signatures.					