

No. <b>W 160380</b>		<b>Due no later than Jan 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> PALOUSE DEMENTIA CARE LLC JUDY A CORNISH PO BOX 8063 MOSCOW ID 83843		JUDY A CORNISH 106 E 3RD ST SUITE 3A MOSCOW ID 83843-8384			
				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	JUDY A CORNISH	909 E 3RD STREET APT B	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 160380</b>		Signature: Judy A Cornish				Date: 01/04/2017	
		Name (type or print): Judy A Cornish				Title: Operating Manager	
Processed 01/04/2017		* Electronically provided signatures are accepted as original signatures.					