

No. <b>W 139835</b>		<b>Due no later than Jul 31, 2016</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LEWISTON ROYAL PLAZA CARE, LLC C/O EMPRES HEALTHCARE MANAGEMENT LLC 4601 NE 77TH AVE STE 300 VANCOUVER WA 98662		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	EMPRES IDAHO HEALTHCARE, LLC	4601 NE 77TH AVE STE 300	VANCOUVER	WA	USA	98662	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>WA</b> <b>W 139835</b>		Signature: Cara M. Smith				Date: 09/15/2016	
		Name (type or print): Cara M. Smith				Title: Legal Assistant	
Processed 09/15/2016		* Electronically provided signatures are accepted as original signatures.					