No. **C 185925**	**Due no later than Jan 31, 2013** **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. New 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
VICE PRESIDENT	BRIAN CRABTREE	3465E 4058N	KIMBERLY	ID	USA	83341
PRESIDENT	PAM CRABTRE	3465E 4058N	KIMBERLY	ID	USA	83341

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 185925**	Signature: Brian Crabtree Name (type or print): Brian Crabtree	Date: 11/07/2012 Title: Owner

Processed 11/07/2012

* Electronically provided signatures are accepted as original signatures.