No. W 19256		Due no later than May 31, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable LIVING SOLUTIONS, L.L.C. PO BOX 1995 POST FALLS, ID 83877			Registered Agent and Office NO PO BOX CHARLAYNE STREETER 402 E 5TH POST FALLS, ID 83854 3. New Registered Agent Signature	
Return to: SECRETAR\ OF STATE 700 WEST J :FFERSON PO BOX 83720 BOISE, ID 8:720-0080 NO FILING FEE IF RECEIVED BY DUE DATE						
				es: Enter	Names and Addresses of	Managers.
Office held	Name	5	Street or P.O. Address	City	State	<u>Zip</u>
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