No. <b>C 175790</b>		Due no later than Nov 30, 2010 2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form BRIAN J BAGLEY					
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.  LAKESIDE RESIDENTIAL CARE, INC.  BRIAN J BAGLEY PO BOX 156  WINCHESTER ID 83555  USA		605 JOSEPH STREET BOX 156 WINCHESTER ID 83555  3. New Registered Agent Signature:*			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER SECRETARY PRESIDENT	ARY AMANDA M BAGLEY		BOX 156 513 MASON AVE BOX 156 513 MASON AVE BOX 156 513 MASON AVE	WINCHESTER WINCHESTER WINCHESTER	ID ID ID	USA USA USA	83555 83555 83555
5. Organized Under the Laws of:  ID  C 175790		6. Annual Report must be signed.* Signature: Brian J Bagley Name (type or print): Brian J Bagley			Date: 09/	E SANSKII • 71 PARISHINANA	
Processed 09/09/2010	ed 09/09/2010 * Electronically provided signatures are accepted as original signatures.						