




No. C 75939	Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLENE HUMPHERYS 490 EAST 2ND NORTH MOUNTAIN HOME ID 83647
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CEDAR CREST RETIREMENT CENTER, INC. CHARLENE HUMPHERYS 1200 E 6TH S MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Pres	Charlene Humpherys	480 E 2 N	Mtn. Home	Ida		83647
Sec. Tres-						
V. Pres	Grog Humpherys	14303 Cari bou et	Caldwell	Ida		83607

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 75939</div>	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature:  Name (type or print): CHARLENE HUMPHERYS </td> <td style="width: 40%;"> Date: 4-28-2014 Title: Owner </td> </tr> </table>	6. Signature:  Name (type or print): CHARLENE HUMPHERYS	Date: 4-28-2014 Title: Owner
6. Signature:  Name (type or print): CHARLENE HUMPHERYS	Date: 4-28-2014 Title: Owner		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM