No. C 196767		Annual Report Form 1. Mailing Address: Correct in this box if needed. COMMUNITY TRANSITIONS INC 1675 S MAPLE GROVE RD BOISE ID 83709		2. Registere	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				1675 S M BOISE II	TIFFANI SNELLING 1675 S MAPLE GROVE RD BOISE ID 83709 3. New Registered Agent Signature:*			
4. Corporations: Ente		ess Addresses of Presid	dent, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TIFFANI SN	ELLING	1675 S MAPLE GROVE RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 196767		Signature: Tiffani S		Date: 12/03/2013				
		Name (type or prin		Title: President				
Processed 12/03/201	.3	* Electronically provided signatures are accepted as original signatures.						