

No. <b>W 114006</b>		<b>Due no later than May 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  POST FALLS ASSISTED LIVING LLC TYSON FRANTZ 307 N LINCOLN ST STE A POST FALLS ID 83854		TYSON FRANTZ 307 N LINCOLN ST STE A POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MATT FRANTZ	3209 N BUCKSKIN ROAD	COEUR D ALENE	ID	USA	83815	
MEMBER	TYSON FRANTZ	921 TEMPLIN COURT	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID</b> <b>W 114006</b>		6. Annual Report must be signed.*  Signature: Tyson Frantz Name (type or print): Tyson Frantz					
		Date: 05/15/2017 Title: Member					
Processed 05/15/2017		* Electronically provided signatures are accepted as original signatures.					