

No. W 145631		Due no later than Dec 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WOODLAND ASSISTED LIVING LLC 3465 E 4058 N KIMBERLY ID 83341		BRIAN CRABTREE 3465 E 4058 N KIMBERLY ID 83341			
NO FILING FEE IF RECEIVED BY DUE DATE				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	PAM CRABTREE	3465E 4058N	KIMBERLY	ID	USA	83341	
MEMBER	BRIAN CRABTREE	3465E 4058N	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID W 145631		6. Annual Report must be signed.* Signature: Brian Crabtree Name (type or print): Brian Crabtree					
		Date: 10/26/2016 Title: Owner					
Processed 10/26/2016 * Electronically provided signatures are accepted as original signatures.							