

No. <b>W 19256</b>		<b>Due no later than May 31, 2010</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CHARLAYNE STREETER 402 E 5TH POST FALLS ID 83854			
		<b>1. Mailing Address: Correct in this box if needed.</b>  LIVING SOLUTIONS, L.L.C. CHARLAYNE STREETER PO BOX 1995 POST FALLS ID 83877		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	
MANAGER	CHARLAYNE STREETER	PO BOX 1995	POST FALLS	ID	USA	83877	
MANAGER	LAURA BURGAN	PO BOX 1995	POST FALLS	ID	USA	83877	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 19256</b>		Signature: Laura Burgan			Date: 05/29/2010		
		Name (type or print): Laura Burgan			Title: Member Manager		
Processed 05/29/2010		* Electronically provided signatures are accepted as original signatures.					