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|--|-----------------------------|--|------------|--|---------|-------------|--|
| No. W54091 | | Due no later than Sep 30, 2014 | | 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 RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. DIAMOND SENIOR LIVING, LLC DENEEN SANDERS GE HEALTHCARE FIN SVCS 500 WEST MONROE STREET CHICAGO IL 60661 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | 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 | GE CREDIT CORPORATION OF TN | C/O GE HEALTHCARE FIN. SVCS. 2325 LAKEVIEW PKWY STE 700 | ALPHARETTA | GA | USA | 30004 | |
| MEMBER | GE CREDIT CORPORATION OF TN | C/O GE HEALTHCARE FIN. SVCS. 500 WEST MONROE ST., 16TH FL. | CHICAGO | IL | USA | 60661 | |
| 5. Organized Under the Laws of: DE W54091 | | 6. Annual Report must be signed.* Signature: Deneen Sanders Name (type or print): Deneen Sanders | | | | | |
| Processed 09/26/2014 | | Date: 09/26/2014 Title: Asst. Sec. | | | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | | |