No. <b>W 110942</b>			2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			MELINDA R WEBER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		AND THE RESERVE OF THE PERSON	3020 W. SORBONNE DRIVE COEUR D ALENE ID 83815			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RENAISSANCE AT COEUR D'ALENE ASSISTED LIVING COMMUNITY, LLC (THE) VALERI ZAHARIE 5743 E SHORELINE DR		COEUR D'ALE	COEUR D'ALEINE ID 63013			
			3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF POST FALLS ID 83854		83854					
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses o	f at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER VALERI MAF	RIE ZAHARIE	5743 E. SHORELINE DRIVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:	6. Annual Report m						
ID	Signature: Valeri Zaharie		Date: 01/04/2016				
W 110942	Name (type or print): Valeri Zaharie			Title: Member			
Processed 01/04/2016	* Electronically provided signatures are accepted as original signatures.						