

No. W 10153	Reinstatement Annual Report Form ADMIN DISSOLVED 02/09/2001		2. Registered Agent and Office (NOT A P.O. BOX) DANIEL M JOHNSON 404 OAK ST NEZPERCE ID 83543																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. S & J RESIDENTIAL CARE L.L.C. DANIEL M JOHNSON PO BOX 36 NEZPERCE ID 83543		3. New Registered Agent Signature.																					
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>SUSAN L. DILTS</td> <td>PO BOX 296</td> <td>Winchester</td> <td>Id</td> <td>Lewis</td> <td>83555</td> </tr> <tr> <td>Member</td> <td>John C Dilts</td> <td>PO BOX 296</td> <td>Winchester</td> <td>Id</td> <td>Lewis</td> <td>83555</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	SUSAN L. DILTS	PO BOX 296	Winchester	Id	Lewis	83555	Member	John C Dilts	PO BOX 296	Winchester	Id	Lewis
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Issued 10/08/2010 by PEH																								