

No. <b>W 21745</b>		Due no later than Dec 31, 2014		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>  <b>1. Mailing Address: Correct in this box if needed.</b>  AUREUS NURSING, LLC MIKE SVEUM PO BOX 3037 OMAHA NE 68103-0037		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 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
MANAGER	TIM TRUSLER	13609 CALIFORNIA STREET	OMAHA	NE	USA
Postal Code 68154					
5. Organized Under the Laws of:  <b>NE W 21745</b>		6. Annual Report must be signed.* Signature: Timothy Trusler Name (type or print): Timothy Trusler			
		Date: 10/30/2014 Title: Manager			
Processed 10/30/2014		* Electronically provided signatures are accepted as original signatures.			