

No. C 37405		Due no later than Apr 30, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO HEALTH CARE ASSOCIATION-IDAHO CENTER FOR ASSISTED LIVING, INC. R. VANDE MERWE EXECUTIVE DIRECTOR 1524 W. CAYUSE CREEK DR MERIDIAN ID 83646 USA		ROBERT VANDE MERWE 1524 W. CAYUSE CREEK DR MERIDIAN ID 83646		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	BRETT WATERS	2085 AVOCET DRIVE	IDAHO FALLS	ID	USA	83406
TREASURER	MARK MAXFIELD	760 W. MAIN STREET	MIDDLETON	ID	USA	83644
PRESIDENT	SHAUNA KRAUS	2303 PARKE AVE	BURLEY	ID	USA	83318
DIRECTOR	SHANE BELL	404 HORTON	NAMPA	ID	USA	83651
DIRECTOR	JOHN SCHULKINS	210 CLEVELAND BLVD	CALDWELL	ID	USA	83605
5. Organized Under the Laws of: ID C 37405		6. Annual Report must be signed.* Signature: Angie Graves Name (type or print): Angie Graves Date: 02/10/2012 Title: Office Manager				
Processed 02/10/2012		* Electronically provided signatures are accepted as original signatures.				