

No. <b>W 20902</b>	<b>Due no later than Sep 30, 2009</b> <b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b> WHISPERING PINES ASSISTED LIVING LLC. SHELLY JONES 4875 BURLEY DR CHUBBUCK ID 83202		SHELLY JONES 753 REDMAN CHUBBUCK ID 83202			
			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
MANAGER	SHELLY JONES	4875 BURLEY DR.	CHUBBUCK	ID	USA	83202
MANAGER	SHAUN JONES	4875 BURLEY DR.	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of:  <b>ID W 20902</b>	6. Annual Report must be signed.* Signature: Shelly Jones Name (type or print): Shelly Jones		Date: 07/21/2009 Title: Administrator			
Processed 07/21/2009		* Electronically provided signatures are accepted as original signatures.				