No. W 119825		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		EMPRES AT IDAHO FALLS, LLC TINA M. NICKOLAS 4601 NE 77TH AVE STE 300		BOISE 63703			
		VANCOUVER WA 98662		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compar	ies: Enter Nai	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	DALE L PATTERSON EMPRES HEALTHCARE MANAGEMENT L		4601 NE 77TH AVENUE SUITE 300	VANCOUVER	WA	USA	98662
MANAGER			4601 NE 77TH AVE SUITE 300	VANCOUVER	WA	USA	98662
5. Organized Under the La	aws of:	6. Annual Report must b	ne signed *				
			Pata: 11/39/2014				
WA W 119825		Signature: Tina M. Nickolas		Date: 11/28/2014			
		Name (type or print): Tina M. Nickolas		Title: Corporate Paralegal			
Processed 11/28/2014 * Electronically provided signatures are accepted as original signatures.							