No. **W 118425**	**Due no later than Oct 31, 2013** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** CREI FLORENCE HEALTHCARE, LLC 1222 VISTA AVE BOISE ID 83705	BART COCHRAN 1222 VISTA AVE BOISE ID 83705 3. New 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
MEMBER	CLEARWATER 2008 NOTE PROGRAM,	1222 S VISTA AVE	BOISE	ID	USA	83705

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 118425**	Signature: Lori K Fischer	Date: 08/15/2013
	Name (type or print): Lori K Fischer	Title: Controller

Processed 08/15/2013

* Electronically provided signatures are accepted as original signatures.