

|                                                                                                                                                        |                |                                                                                                                                                         |        |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 38240</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2011</b>                                                                                                                   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>APEX LIVING COMMUNITY, LLC<br>MICHAEL S HESS<br>3109 WEST TWIN ROAD<br>MOSCOW ID 83843 |        | MICHAEL S HESS<br>3109 WEST TWIN ROAD<br>MOSCOW ID 83843 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                         |        | 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                                                                                                                                                | MICHAEL S HESS | 3109 WEST TWIN ROAD                                                                                                                                     | MOSCOW | ID                                                       | USA     | 83843       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 38240</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Michael Hess<br>Name (type or print): Michael Hess<br>Date: 02/09/2011<br>Title: Manager                |        |                                                          |         |             |  |
| Processed 02/09/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                               |        |                                                          |         |             |  |