No. W 149261		Due no later than Mar 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. B & B HEALTH CARE PROPERTIES, LLC CRAE BERRETT 2891 SHELLY POCATELLO ID 83201	2891 SHELLY POCATELLO	CRAE BERRETT 2891 SHELLY POCATELLO ID 83201-8320 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Comp	panies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	AME, LLC	2891	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Crae Berrett	Date: 01/23/2017			
W 149261		Name (type or print): Crae Berrett	Title: Member			
rocessed 01/23/2017 * Electronically provided signatures are accepted as original signatures.						