

No. W 150556		Due no later than Apr 30, 2016 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		1. Mailing Address: Correct in this box if needed. CARR HEALTHCARE REALTY, LLC CARR HEALTHCARE REALTY 10465 PARK MEADOWS DR #205 LONE TREE CO 80124		REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				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	ANDREW MONDY	10052 MATTHEW LN	HIGHLANDS RANCH	CO	USA	80130	
MANAGER	COLIN CARR	10465 PARK MEADOWS DR, STE 205	LONE TREE	CO	USA	80124	
5. Organized Under the Laws of: CO W 150556		6. Annual Report must be signed.* Signature: Andrew Mondy Name (type or print): Andrew Mondy					
		Date: 03/08/2016 Title: Manager					
Processed 03/08/2016		* Electronically provided signatures are accepted as original signatures.					