

No. W 93223	Due no later than May 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SPRINGRIDGE ASSISTED LIVING FACILITY PLLC DALE S AMICK 2310 RICE AVE CALDWELL ID 83605		UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 BOISE ID 83702			
			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
MEMBER	DALE S AMICK	7474 S CLOVERDALE RD.	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 93223		6. Annual Report must be signed.* Signature: Dale S Amick Name (type or print): Dale S Amick		Date: 05/11/2016 Title: Chairman		
Processed 05/11/2016		* Electronically provided signatures are accepted as original signatures.				