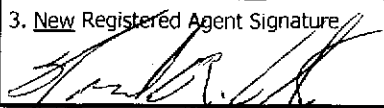
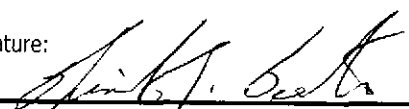


No. W 158945	Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TOBI LUCERO 2429 INDEPENDENCE ST TWIN FALLS ID 83301 RICHARD R. PORTER P.O. Box 2530 122 HYNDMAN KETCHUM, ID 83340
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SERENITY HEALTHCARE, LLC TOBI LUCERO 2429 INDEPENDENCE ST TWIN FALLS ID 83301 RICHARD R. PORTER P.O. Box 2530 KETCHUM, ID 83340		3. New Registered Agent Signature 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> RICHARD R. PORTER P.O. Box 2530 KETCHUM ID 83340 122 HYNDMAN VIEW DR. HAILEY ID 83333			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> TOBI LUCERO 2429 INDEPENDENCE ST TWIN FALLS ID 83301			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> EDWARD A. LAWSON P.O. BOX 3310 KETCHUM, ID 83340			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> WILLIAM NORRIS BOX 146 SUN VALLEY, ID 83353			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 158945 </div>		6. Signature:  Name (type or print): <u>RICHARD R. PORTER</u> Date: <u>10/5/2016</u> Title: <u>PRESIDENT</u>	

 VIEWS DR
 ID 83333