

No. W 36487		Due no later than Feb 28, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PARK CENTER ASSISTED LIVING LLC MARK A PHELAN 4345 S VARIAN AVE BOISE ID 83709		MARK PHELAN 1212 LONGMONT AVE BOISE ID 83706			
				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	SUSAN M JOHNSON	1709 MALAD ST	BOISE	ID	USA	83705	
MEMBER	MARK A PHELAN	1836 S CURTIS	BOISE	ID	USA	83705	
5. Organized Under the Laws of: ID W 36487		6. Annual Report must be signed.* Signature: Mark Phelan Name (type or print): Mark Phelan Date: 02/22/2009 Title: Member					
Processed 02/22/2009		* Electronically provided signatures are accepted as original signatures.					