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|--|-----------------|--|-------|--|---------|-------------|--|
| No. W 36487 | | Due no later than Feb 28, 2009 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. PARK CENTER ASSISTED LIVING LLC MARK A PHELAN 4345 S VARJAN AVE BOISE ID 83709 | | MARK PHELAN 1212 LONGMONT AVE BOISE ID 83706 | | | |
| 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 | |
| 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. | | | | | |