

No. C 49370		Due no later than Apr 30, 2014 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. SENIORS HOSPITALITY CENTER, INC. ATTN BARBARA KOVACS PO BOX 1639 6635 LINCOLN ST BONNERS FERRY ID 83805-1639 USA		BARBARA KOVACS 6635 LINCOLN BONNERS FERRY ID 83805-1639			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JIM WILSON	512617 HIGHWAY 95 P.O. BOX 1011	BONNERS FERRY	ID	USA	83805	
DIRECTOR	VALDIE DEAN	6468 COMANCHE ST.	BONNERS FERRY	ID	USA	83805	
DIRECTOR	DAVID NICKOLAUSON	6641 CHIPPEWA	BONNERS FERRY	ID	USA	83805	
DIRECTOR	JAMES HUBBELL	371 DIAMOND RD	BONNERS FERRY	ID	USA	83805	
DIRECTOR	ERNIE LOEWEN	7458 SUNDANCE	BONNERS FERRY	ID	USA	83805	
PRESIDENT	ROBERT SABOE	6723 BUCHANAN	BONNERS FERRY	ID	USA	83805	
VICE PRESIDENT	ROBERT SPALDING	6968 BUFFALO ST	BONNERS FERRY	ID	USA	83805	
SECRETARY	PHYLLIS TRITT	6881 EISENHOWER #26	BONNERS FERRY	ID	USA	83805	
TREASURER	LAVON WILLIAMS	6181 HEMLOCK ST	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of: ID C 49370		6. Annual Report must be signed.* Signature: Barbara Kovac Name (type or print): Barbara Kovac					
		Date: 02/10/2014 Title: Administrator					
Processed 02/10/2014 * Electronically provided signatures are accepted as original signatures.							