

No. W 66081	Due no later than Aug 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TRINITY ASSISTED LIVING LLC VIVIAN A SWANSEN PO BOX 521 KOOTENAI ID 83840	VIVIAN A SWANSEN 100 HUMBIRD ST KOOTENAI ID 83840			
		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
MANAGER	VIVIAN A SWANSEN	PO BOX 521	KOOTENAI	ID	USA 83840
5. Organized Under the Laws of: ID W 66081	6. Annual Report must be signed.* Signature: Vivian Swansen Name (type or print): Vivian Swansen		Date: 08/03/2009 Title: Owner		
Processed 08/03/2009		* Electronically provided signatures are accepted as original signatures.			