

No. <b>W 20902</b>	<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> WHISPERING PINES ASSISTED LIVING LLC. SHELLY JONES P.O. BOX 171 INKOM ID 83245		SHELLY JONES 2245 FRANK BALL RD INKOM ID 83245-8324			
			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	SHELLY JONES	2245 FRANK BALL ROAD	INKOM	ID		83245
MANAGER	SHAUN JONES	2245 FRANK BALL ROAD	INKOM	ID		83245
5. Organized Under the Laws of:  <b>ID W 20902</b>	6. Annual Report must be signed.* Signature: Shelly Jones Name (type or print): Shelly Jones		Date: 07/20/2015 Title: Administrator			
Processed 07/20/2015		* Electronically provided signatures are accepted as original signatures.				