No. C 185724		Due no later than Jan 31, 2014	2. Registered Agent and Address (NO PO BOX) TAMI NICHOLS 401 GOODING ST N, STE 203 TWIN FALLS ID 83303 3. New Registered Agent Signature:*			
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. COUNTRY LIVING RETIREMENT HOMES INC TAMI NICHOLS				
		401 GOODING ST N, STE 203 TWIN FALLS ID 83301				
4. Corporations: Ente	er Names and Busine	ss Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TAMI NICHOL	.S P. O. BOX 655	TWIN FALLS	ID	USA	83303
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 185724		Signature: Tami Nichols	Date: 02/07/2014			
		Name (type or print): Tami Nichols	Title: President			
Processed 02/07/201	.4 *	^k Electronically provided signatures are accepted as original sign	natures.			