No. **C 175790**	**Due no later than Nov 30, 2015** **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.** LAKESIDE RESIDENTIAL CARE, INC. BRIAN J BAGLEY PO BOX 156 WINCHESTER ID 83555 USA	BRIAN J BAGLEY 3525 18TH STREET LEWISTON ID 83501 3. New 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
SECRETARY	AMANDA M BAGLEY	3525 18TH STREET	LEWISTON	ID	USA	83501
PRESIDENT	BRIAN J BAGLEY	3525 18TH STREET	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 175790**	Signature: Brian J Bagley	Date: 09/22/2015
	Name (type or print): Brian J Bagley	Title: President

Processed 09/22/2015

* Electronically provided signatures are accepted as original signatures.