| No. W 100423 | | Due no later than Feb 28, 2013 | | 2. | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|---|------------------------------------|----|---|-------|---------|-------------|--|
| Return to: | | Annual Report Form | | | ANTHONIA BUTIKOFER | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EAGLE ROCK ASSISTED LIVING LLC ANTHONIA J BUTIKOFER 1964 RIRIE CIRCLE IDAHO FALLS ID 83404 | | | 1964 RIRIE CIRCLE IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | | |
| 4. Limited Liability Companies: E | nter Nar | nes and Addresses | of at least one Member or Manager. | | | | | | |
| Office Held Nam | ie | | Street or PO Address | (| City | State | Country | Postal Code | |
| MEMBER ANTI | HONIA J | BUTIKOFER | 1964 RIRIE CIRCLE | I | DAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: Anthonia Butikofer | | | Date: 01/09/2013 | | | | |
| W 100423 | | Name (type or print): Anthonia Butikofer | | | Title: Manager/Owner | | | | |
| Processed 01/09/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | | | | |