

No. W 55163		Due no later than Oct 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EXTENDICARE MASTER TENANT 1 LLC GENERAL COUNSEL 111 W MICHIGAN ST MILWAUKEE WI 53203 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR., STE. 100 BOISE ID 83713 USA			
				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	TIMOTHY L LUKENDA	111 WEST MICHIGAN STREET	MILWAUKEE	WI	USA	53203	
MANAGER	DOUGLAS J HARRIS	111 WEST MICHIGAN STREET	MILWAUKEE	WI	USA	53203	
MANAGER	DAVID B PEARCE	111 WEST MICHIGAN STREET	MILWAUKEE	WI	USA	53203	
MEMBER	EXTENDICARE HEALTH FACILITY HOLDINGS, INC.	111 WEST MICHIGAN STREET	MILWAUKEE	WI	USA	53203	
5. Organized Under the Laws of: DE W 55163		6. Annual Report must be signed.* Signature: David B. Pearce Name (type or print): David B. Pearce Date: 11/09/2012 Title: Manager					
Processed 11/09/2012		* Electronically provided signatures are accepted as original signatures.					