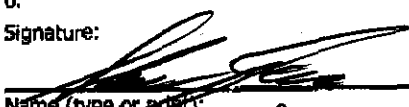


No. W 66940 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011	2. Registered Agent and Office (NOT A P.O. BOX) SHANE DOSS 110 E RICH LANE BLACKFOOT ID 83221 3. <u>New</u> Registered Agent Signature.																																			
1. Mailing Address: <u>Correct in this box if needed.</u> ARROW POINT ASSISTED LIVING LLC SHANE B DOSS 235 LOMAX 1487 Parkway Drive IDAHO FALLS ID 83401 Blackfoot ID 83221																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>SHANE DOSS</td> <td>755 LOMAX</td> <td>IDAHO FALLS</td> <td>ID</td> <td>USA</td> <td>83401</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>TAMMY CRYSTAL DOSS</td> <td>755 LOMAX</td> <td>IDAHO FALLS</td> <td>ID</td> <td>USA</td> <td>83401</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	SHANE DOSS	755 LOMAX	IDAHO FALLS	ID	USA	83401	Manager ☐ Member ☒	TAMMY CRYSTAL DOSS	755 LOMAX	IDAHO FALLS	ID	USA	83401	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 66940	6. Signature:  Name (type or print): Shane Doss Date: 9-6-12 Title: Member																																				

Issued 08/31/2012 by LIC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM