

No. <b>W 137080</b>	<b>Due no later than Apr 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  LE BOIS QUALITY CARE LLC JOANN AKINS 5110 SUNDERLAND DR BOISE ID 83704		JOANN AKINS 5110 SUNDERLAND DR BOISE 83704			
			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
MEMBER	RAYMOND MATTHEW AKINS	11060 HALSTEAD CRT	BOISE	ID	USA	83713
5. Organized Under the Laws of:  <b>ID</b> <b>W 137080</b>	6. Annual Report must be signed.* Signature: joann akind Name (type or print): joann akind		Date: 02/15/2015 Title: owner			
Processed 02/15/2015		* Electronically provided signatures are accepted as original signatures.				