No. <b>C 49370</b>		Due no later than Apr 30, 2010		2. Registered Age	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.  SENIORS HOSPITALITY CENTER, INC. BARBARA KOVACS PO BOX 1639 6635 LINCOLN ST. BONNERS FERRY ID 83805-1639 USA			BARBARA KOVACS 6635 LINCOLN BONNERS FERRY ID 83805-1639  3. New Registered Agent Signature:*			
				3. <u>New</u> Registered				
4. Corporations: Enter	r Names and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	LAVEEDA LII	NNEMEYER	6593 JACKSON ST.	BONNERS FERRY	ID	USA	83805-1639	
DIRECTOR	JIM WILSON		512617 HIGHWAY 95	BONNERS FERRY	ID	USA	83805-1639	
DIRECTOR	IRECTOR VALDIE DEAN		6468 COMANCHE ST.	BONNERS FERRY	ID	USA	83805-1639	
DIRECTOR	MARY MESENBRINK		6841 DENVER ST.	BONNERS FERRY	ID	USA	83805-1639	
DIRECTOR	DOROTHY LAMSON		7022 OAK STREET #8	BONNERS FERRY	ID	USA	83805-1639	
DIRECTOR	DAVID NICK	OLAUSON	6641 CHIPPEWA	BONNERS FERRY	ID	USA	83805-1639	
SECRETARY	IRMA MERRIFIELD		6171 DALLAS LANE	BONNERS FERRY	ID	USA	83805-1639	
TREASURER	BETTY DOUGLAS		6633 BUCHANAN	BONNERS FERRY	ID	USA	83805-1639	
PRESIDENT	ROBERT SA	BOE	6723 BUCHANAN	BONNERS FERRY	' ID	USA	83805-1639	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Barbara Kovacs		Da	Date: 02/15/2010			
C 49370		Name (type or prir	Ti	Title: Administrator				
Processed 02/15/2010	)	* Electronically provid	ed signatures are accepted as origin	nal signatures.				