| No. W 133791 | Due no later than Jan 31, 2015 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|--------------------------------------|--|---|---------|-------------|--|
| Return to: | Annual Report Form | | to the analysis and the second second second second | STEVEN ERNST | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. VISTA ASSISTED LIVING, LLC STEVE ERNST 114 DAVIS DR POCATELLO ID 83201 USA | | 114 DAVIS DR POCATELLO 83201-8320 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER STEVE SCO | OTT ERNST | 114 DAVIS DR | POCATELLO | ID | USA | 83201 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | must be signed.* | | | | | |
| ID Signature: steve ernst | | ve ernst | Date: 12/11/2014 | | | | |
| W 133791 | Name (type or print): steve ernst | | Title: ov | Title: owner / manager | | | |
| Processed 12/11/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | | |