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|--|-----------------|---|-------|--|---------|-------------|--|
| No. W 41054 | | Due no later than Jul 31, 2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. STREAMSIDE ASSISTED LIVING LLC WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616 | | WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | WILLIAM J HINES | 3886 W HOUSELAND CT | EAGLE | ID | USA | 83616 | |
| MEMBER | NANCY M HINES | 3886 W HOUSELAND CT | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: ID W 41054 | | 6. Annual Report must be signed.* Signature: Nancy Hines Name (type or print): Nancy Hines | | | | | |
| | | Date: 08/12/2009 Title: Member | | | | | |
| Processed 08/12/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |