

No. <b>W 72007</b>		<b>Due no later than Mar 31, 2011</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>Annual Report Form</b>		PATRICIA G FOWLER 3707 20TH ST LEWISTON ID 83501			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		LIVING SPRING RESIDENTIAL CARE, LLC PATRICIA G FOWLER 1050 HEMLOCK DR LEWISTON ID 83501 USA					
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	MARCUS C FOWLER	1355 LOST TRAIL DRIVE	PULLMAN	WA	USA	99163	
MEMBER	PATRICIA G FOWLER	3707 20TH ST	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID W 72007</b>		6. Annual Report must be signed.* Signature: Marcus Fowler Name (type or print): Marcus Fowler Date: 01/17/2011 Title: Owner/Manager					
Processed 01/17/2011		* Electronically provided signatures are accepted as original signatures.					