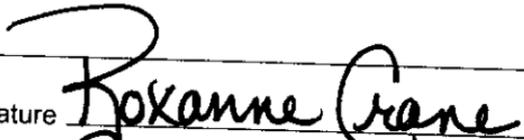


<p>D. W 17606</p> <p>Return to: SECRETARY OF STATE 600 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>	<p>Due no later than Dec 31, 2002 Annual Report Form</p> <p>1. Mailing Address - Correct in this box, if applicable</p> <p>POPLAR GROVE ASSISTED LIVING, L.L.C PO BOX 923 406 E. Cleveland GLENN'S FERRY, ID 83623</p>	<p>2. Registered Agent and Office NO PO BOX</p> <p>DEWEY CRANE 110 EAST 5TH ST 406 E. Cleveland GLENN'S FERRY, ID 83632</p> <p>3. <u>New</u> Registered Agent Signature</p>																		
<p>4. Limited Liability Companies: Enter Names and Addresses of Members.</p> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Members</td> <td>Roxanne Crane</td> <td>406 E. Cleveland</td> <td>Glenns Ferry</td> <td>ID</td> <td>83623</td> </tr> <tr> <td>Member</td> <td>Dewey Crane</td> <td>406 E. Cleveland</td> <td>Glenns Ferry</td> <td>ID</td> <td>83623</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Members	Roxanne Crane	406 E. Cleveland	Glenns Ferry	ID	83623	Member	Dewey Crane	406 E. Cleveland	Glenns Ferry	ID	83623
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 17606</p>	<p>6. Signature  Date 10-24-02</p> <p>(Typed or Printed) Name Roxanne Crane Title member</p>																			