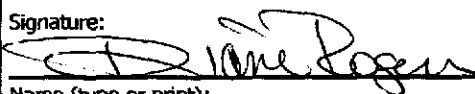


No. W 103058		Reinstatement Annual Report Form		2. Registered Agent and Office	
ADMIN DISSOLVED 08/31/2016				(NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ACE ELDER CARE 3 & 4 LLC DIANE C ROGERS 6652 CHIPPEWA BONNERS FERRY ID 83805 USA		HEIDI STOCKTON 6477 TAMARACK LN BONNERS FERRY ID 83805	
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member	Name	Street or PO Address	City	State	Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Diane Rogers	6652 Chippewa	Bonnors Ferry, Id	Boundary	83805
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sandy Poole	6646 Chippewa	Bonnors Ferry, Id	Boundary	83805
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 103058		6.			
		Signature: 		Date: 9-26-16	
		Name (type or print): Diane Rogers		Title: Manager/Co-Director	
Issued 09/26/2016 by online					