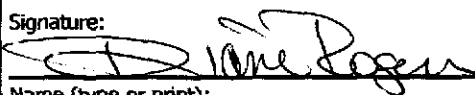


No. <b>W 103058</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/31/2016</b>	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> HEIDI STOCKTON 6477 TAMARACK LN BONNERS FERRY ID 83805
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		<b>1. Mailing Address: Correct in this box if needed.</b> ACE ELDER CARE 3 & 4 LLC DIANE C ROGERS 6652 CHIPPEWA BONNERS FERRY ID 83805 USA

**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"/>						

<b>5. Organized Under the Laws of:</b>  IDAHO W 103058	<b>6.</b> Signature:  Name (type or print): Diane Rogers Date: 9-26-16 Title: Manager/Co-Director
---	---