

No. C 175790		Due no later than Nov 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		BRIAN J BAGLEY 605 JOSEPH STREET BOX 156 WINCHESTER ID 83555			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		LAKESIDE RESIDENTIAL CARE, INC. BRIAN J BAGLEY PO BOX 156 WINCHESTER ID 83555 USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	BRIAN J BAGLEY	BOX 156 513 MASON AVE	WINCHESTER	ID	USA	83555	
SECRETARY	AMANDA M BAGLEY	BOX 156 513 MASON AVE	WINCHESTER	ID	USA	83555	
PRESIDENT	BRIAN J BAGLEY	BOX 156 513 MASON AVE	WINCHESTER	ID	USA	83555	
5. Organized Under the Laws of: ID C 175790		6. Annual Report must be signed.* Signature: Brian J Bagley Name (type or print): Brian J Bagley					
		Date: 09/11/2009 Title: President					
Processed 09/11/2009		* Electronically provided signatures are accepted as original signatures.					