No. W 36487		Due no later than Feb 28, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MARK PHE	MARK PHELAN 1212 LONGMONT AVE BOISE ID 83706 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PARK CENTER ASSISTED LIVING LLC MARK A PHELAN 1212 LONGMONT AVE BOISE ID 83706		BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addres	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MARK A PHELAN		1212 LONGMONT AVE	BOISE	ID		83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mark Phelan			Date: 01/12/2017			
W 36487		Name (type	or print): Mark Phelan		Title: Owner			
rocessed 01/12/2017 * Electronically provided signatures are accepted as original signatures.								