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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 137762</b>                                                                                                                                    |                 | <b>Due no later than Feb 28, 2015</b>                                                                                                                                                            |         | <b>2. Registered Agent and Address (NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>B & B RESIDENTIAL CARE, INC.<br>WILLIAM L. SHOBE<br>261 BIG BUCK RD<br>KOOSKIA ID 83539<br>USA |         | WILLIAM LLOYD SHOBE<br>261 BIG BUCK RD.<br>KOOSKIA 83539 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                  |         | 3. <u>New</u> Registered Agent Signature: *              |         |             |  |
| 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 |  |
| SECRETARY                                                                                                                                              | BARBARA J SHOBE | 261                                                                                                                                                                                              | KOOSKIA | ID                                                       | USA     | 83539-8353  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 137762</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: William L. Shobe<br>Name (type or print): William L. Shobe<br>Date: 01/11/2015<br>Title: President                                               |         |                                                          |         |             |  |
| Processed 01/11/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |         |                                                          |         |             |  |