

No. W 93223	Due no later than May 31, 2014 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. SPRINGRIDGE ASSISTED LIVING FACILITY PLLC DALE S AMICK 2310 RICE AVE CALDWELL ID 83605 USA		UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	DALE S AMICK	7474 S CLOVERDALE RD.	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 93223		6. Annual Report must be signed.* Signature: Dale S. Amick Name (type or print): Dale S. Amick		Date: 03/21/2014 Title: Chairman		
Processed 03/21/2014		* Electronically provided signatures are accepted as original signatures.				