

<b>No. W 17333</b>	<b>Due no later than December 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  VALERI ZAHARIE 908 S RIVERSIDE HARBOR DR  POST FALLS, ID 83854
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box if applicable  FOUR SEASONS ASSISTED LIVING, LLC (  908 S RIVERSIDE HARBOR DR  POST FALLS, ID 83854		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Valeri Zaharie	908 S. Riverside Harbor Dr	Post Falls,	Idaho	83854

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 17333</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Valeri Zaharie</u></td> <td style="width: 40%;">Date <u>12-15-03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Valeri Zaharie</u></td> <td>Title <u>President manager</u></td> </tr> </table>	Signature <u>Valeri Zaharie</u>	Date <u>12-15-03</u>	Name (Typed or Printed) <u>Valeri Zaharie</u>	Title <u>President manager</u>
Signature <u>Valeri Zaharie</u>	Date <u>12-15-03</u>				
Name (Typed or Printed) <u>Valeri Zaharie</u>	Title <u>President manager</u>				