

No. <b>W 19256</b>	<b>Due no later than May 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
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>	<b>1. Mailing Address: Correct in this box if needed.</b>		CHARLAYNE STREETER 402 E 5TH POST FALLS ID 83854			
	LIVING SOLUTIONS, L.L.C. CHARLAYNE STREETER PO BOX 1995 POST FALLS ID 83877		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
MANAGER	CHARLAYNE STREETER	402 E 5TH	POST FALLS	ID	USA	83854
MANAGER	LAURA BURGAN	402 E 5TH	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:  <b>ID          W 19256</b>		6. Annual Report must be signed.* Signature: Laura Burgan Name (type or print): Laura Burgan  Date: 05/14/2014 Title: Manager				
Processed 05/14/2014		* Electronically provided signatures are accepted as original signatures.				