No. **W 19256**	**Due no later than May 31, 2018** **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.** LIVING SOLUTIONS, L.L.C. CHARLAYNE STREETER PO BOX 1995 POST FALLS ID 83877	CHARLAYNE STREETER 402 E 5TH POST FALLS ID 83854 3. New 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		83854
MANAGER	LAURA BURGAN	402 E 5TH	POST FALLS	ID		83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 19256**	Signature: Laura Burgan Name (type or print): Laura Burgan	Date: 05/01/2018 Title: Manager

Processed 05/01/2018

* Electronically provided signatures are accepted as original signatures.