

No. <b>C 175790</b>		<b>Due no later than Nov 30, 2016</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LAKESIDE RESIDENTIAL CARE, INC. BRIAN J BAGLEY 3525 18TH STREET LEWISTON ID 83501 USA		BRIAN J BAGLEY 3525 18TH STREET LEWISTON ID 83501			
				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	AMANDA M BAGLEY	3525 18TH STREET	LEWISTON	ID	USA	83501	
PRESIDENT	BRIAN J BAGLEY	3525 18TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID C 175790</b>		6. Annual Report must be signed.* Signature: Brian J Bagley Name (type or print): Brian J Bagley Date: 09/27/2016 Title: President					
Processed 09/27/2016		* Electronically provided signatures are accepted as original signatures.					