

No. C 175790		Due no later than Nov 30, 2016 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. 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: ID C 175790		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.					