No. <b>W 45080</b>		Due no later than Dec 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  LEWIS-CLARK CARE CENTER, L.L.C.  RONALD V STOFFER  1633 10TH AVE  LEWISTON ID 83501-3143		RONALD V STOFFER  1633 10TH AVE LEWISTON ID 83501-3143  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mos and Addresses	of at least one Member or Manag	or				
Office Held	Name	mes and Addresses	Street or PO Address	C1.	City	State	Country	Postal Code
MEMBER	RONALD V	STOFFER	PO BOX 165		LEWISTON	ID		83501-3143
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 45080		Signature: Sara Stoffer		Date: 11/15/2016				
		Name (type or print): Sara Stoffer		Title: Administrative Assistant				
Processed 11/15/2016 * Electronically provided signatures are accepted as original signatures.								