

STATEMENT OF CHANGE OF REGISTERED AGENT, REGISTERED OFFICE, OR BOTH (See reverse for instructions)

Eila #·	\mathbf{W}_{1}	3205

		File #: W132030
	undersigned entity submits the fent, its registered office, or both, in	following statement for the purpose of changing its registered the State of Idaho.
1.	The name of the entity is: OHI ASSET (ID) HOLLY, LLC	,
2.	The name and street address of C T CORPORATION SYSTEM	its <u>old</u> registered agent and office is:
	921 S ORCHARD ST STE G	
	BOISE, ID 83705	
3.	The name and street address of Corporation Service Company 12550 W. Explorer Drive, Suite 10 (not a PO box or PMB)	its <u>new</u> registered agent and office in Idaho is: 00, Boise, ID 83713
	By: Wroce Lekinbly	agent for the above-named entity. y E. KIRBY, ASST. VP
		Dated: 03/27/2014 Signature:

FILE ONE COPY

NO FEE REQUIRED

change_ra_ro.pmd Rev, 07/2010

COUNTY OF BALTIMORE)

POWER OF ATTORNEY

Plato Claherral PEA	
NOTICE IS HEREBY GIVEN THAT Robert O. Stephenson, the CFO of Omeg	
Healthcare Investors, Inc. ("the Company"), a corporation established under the laws of Maryland, and of the	
subsidiary entities shown on the list appended hereto, does hereby appoint Corporation Service Company employee	
Dona Priebe and Elizabeth A. Dawson attorneys-in-fact for the Company and for the subsidiary entities, to act for th	a į
Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limite	d.
purposes authorized herein.	-
The Company and the subsidiary entities, having taken all necessary steps to authorize the changes and th	
establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the document	S
necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the ager	iI ·
and office of similar import, in any jurisdiction.	
In the execution of any documents necessary for the purposes set forth herein, Dona Priebe shall exercise the power	èГ
of Vice President and Elizabeth A. Dawson shall exercise the power of Secretary, or, in the case of entities havin	
managers or other positions of authority rather than officers such as Vice President or Secretary, the name	
individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.	
This Power of Attorney expires upon the earlier to occur of (a) completion and filing of the documents necessary to	0
effect the changes in registered agent and registered office addresses contemplated herein, or (b) six (6) month	
after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to	0
Dona Priebe and Elizabeth A. Dawson.	- ;
17 march 20	12
IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 3 day of March, 20 2	1
(the "Effective Date").	ď
Omega Healthcare Investors, Inc.	::
BY:	•
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Subscribed and swom to before me this 13 day of March 2014	
Austla Darolo	. i
Notary Public	

JUDITH A. JACOBS Notary Public, State of Maryland County of Baltimore My Commission Expires May 12, 2016

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