No. **W 72007**	**Due no later than Mar 31, 2014** **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 SPRING RESIDENTIAL CARE, LLC PATRICIA G FOWLER 1050 HEMLOCK DR LEWISTON ID 83501 USA	PATRICIA G FOWLER 3707 20TH ST LEWISTON ID 83501 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
MEMBER	MARCUS C FOWLER	1355 LOST TRAIL DRIVE	PULLMAN	WA	USA	99163
MEMBER	PATRICIA G FOWLER	3707 20TH ST	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 72007**	Signature: Marcus Fowler	Date: 01/27/2014
	Name (type or print): Marcus Fowler	Title: Owner/Manager

Processed 01/27/2014

* Electronically provided signatures are accepted as original signatures.