No. C 189565	Reinstatement Annual Report Form ADMIN DISSOLVED 03/27/2018	2. Registered Agent and Office (NOT A P.O. BOX) ASSURED TAX & BOOKKEEPING INC ATTN JENNIFER BELVILLE 2763 E SANTO STEFANO DR MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT FEE DUE: $30.00**	1. Mailing Address: Correct in this box if needed. CTM ASSISTED LIVING, INC. JENNIFER BELVILLE ~~9766 MOSBY CUP ST~~ ~~BOISE ID 83709~~ 7100 S. Valley Heights Dr. Boise, ID 83709	3. New Registered Agent Signature:

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Chris Moore	7100 S. Valley Heights Dr. Boise, ID 83709				

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO C 189565	xC - M	5/1/18
	Name (type or print): Chris Moore	Title: President

Issued 05/01/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM