

No. <b>W 118484</b>		<b>Due no later than Oct 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SENIOR CARE RESOURCE, LLC LISA THOMPSON 104 9 TH AVE S. SUITE B NAMPA ID 83651 US		LISA THOMPSON 1021 W HAWAII AVE NAMPA ID 83686			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LISA THOMPSON	Street or PO Address 1021 W. HAWAII AVE		City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of:  <b>ID</b> <b>W 118484</b>		6. Annual Report must be signed.*  Signature: Lisa Thompson Name (type or print): Lisa Thompson  Date: 09/30/2014 Title: Owner/Manager					
Processed 09/30/2014      * Electronically provided signatures are accepted as original signatures.							