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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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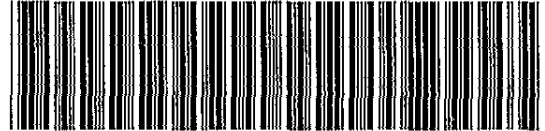
Certificates of Status

Special Instructions to Filing Officer:

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DIVISION OF CORPORATION



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CT CORPORATION

February 26, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 95666239 WO
Customer Reference 1: 2280
Customer Reference 2: .479 Trailside

Dear Secretary of State, Florida:

Please file the attached:

AHC Trailside, Inc. (DE)
Qualification
Florida

AHC Trailside, Inc. (DE)
Certificate of Status/Authorization-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. AHC Trailside, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. Applied For
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/24/2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Filing
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 10000 Innovation Drive, Milwaukee, WI 53226
(Principal office address)
same
(Current mailing address)
8. Leasing of assisted living residences.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System
Jean Bolden **JEAN BOLDEN**
(Registered agent's signature) **ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

See Attachment

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT

President: Patrick F. Kennedy

Address: 10000 Innovation Drive

Milwaukee, WI 53226

Vice President: Mark W. Ohlendorf

Address: 10000 Innovation Drive

Milwaukee, WI 53226

Secretary: Mark W. Ohlendorf

Address: 10000 Innovation Drive Milwaukee, WI 53226

Treasurer: Mark W. Ohlendorf

Address: 10000 Innovation Drive Milwaukee, WI 53226

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark W. Ohlendorf, Vice President

(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

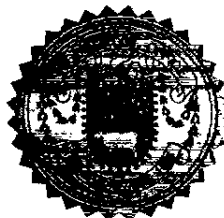
1. Full Name: Patrick F. Kennedy
Officer/Director: Officer, Director
Officer's Title: Pres, CEO
Business Address: 10000 Innovation Drive
City: Milwaukee
State: WI
ZIP Code: 53226
2. Full Name: Mark W. Ohlendorf
Officer/Director: Officer, Director
Officer's Title: VP, Sec, Treas
Business Address: 10000 Innovation Drive
City: Milwaukee
State: WI
ZIP Code: 53226
3. Full Name: Geri Krupp-Gordon
Officer/Director: Officer
Officer's Title: VP, Asst Sec
Business Address: 10000 Innovation Drive
City: Milwaukee
State: WI
ZIP Code: 53226
4. Full Name: Kristin Ferge
Officer/Director: Officer
Officer's Title: VP, Asst Sec
Business Address: 10000 Innovation Drive
City: Milwaukee
State: WI
ZIP Code: 53226

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AHC TRAILSIDE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2003.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3628657 8300

030118861

AUTHENTICATION: 2273057

DATE: 02-25-03