F12000004868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

12 DEC -3 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 9, 2012

ASSISTED LIVING CONCEPTS, INC.
ATTN: LISABETH A RICHARDS
W140 N8981 LILLY ROAD
MEMOMONEE FALLS, WI 53051-2325

SUBJECT: ASSISTED LIVING CONCEPTS, INC.
Ref. Number: W12000056907

We have received your document for ASSISTED LIVING CONCEPTS, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 112A00027289

11/30/12

Please see attached and process.

Thank you!

L. Richards

Assisted Living Concepts, Inc.

Direct Phone: (262) 257-8809
Direct Fax: (262) 502-3730
Email: lrichards@alcco.com

November 7, 2012

SENT VIA UPS OVERNIGHT

Florida Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Registration of Assisted Living Concepts, Inc.

Dear Reader:

Please find enclosed a Cover Letter and Application, Certificate of Good Standing, and our check #373292 in the amount of $70.00 as payment for the registration of Assisted Living Concepts, Inc. to do business in Florida.

Please contact me if you have any questions regarding the enclosed. My contact information is above. Thank you in advance for your prompt attention to this request.

Sincerely,

ASSISTED LIVING CONCEPTS, INC.

Lisabeth A. Richards

Lisabeth A. Richards
Legal Services Manager

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Assisted Living Concepts, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mary T. Zak-Kowalczyk
Name of Person

Assisted Living Concepts, Inc.
Firm/Company

W140 N8981 Lilly Road
Address

Menomonee Falls, Wisconsin 53051-2325
City/State and Zip code

dbohn@alcco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisabeth A. Richards at (262) 257-8809
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☑ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

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. Assisted Living Concepts, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada
(State or country under the law of which it is incorporated)

3. 93-1148702
(FEI number, if applicable)

4. 07/19/1994
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. June 15, 2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. W140 N8981 Lilly Road, Menomonee Falls, WI 53051-2325
(Principal office address)

same as above
(Current mailing address)

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8. real estate owner
(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

Madonna Cuddihy
(Registered agent's signature)
Special 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

Chairman: David J. Hennigar

Address: W140 N8981 Lilly Road
Menomonee Falls, WI 53051-2325

Vice Chairman: Mel Rhinelander

Address: W140 N8981 Lilly Road
Menomonee Falls, WI 53051-2325

Director: Allan Bell

Address: W140 N8981 Lilly Road
Menomonee Falls, WI 53051-2325

Director: Derek H. L. Buntain

Address: W140 N8981 Lilly Road
Menomonee Falls, WI 53051-2325

B. OFFICERS

President: Dr. Charles Roadman II

Address: W140 N8981 Lilly Road
Menomonee Falls, WI 53051-2325

Vice President: Walter A. Levonowich

Address: W140 N8981 Lilly Road
Menomonee Falls, WI 53051-2325

Secretary: Mary T. Zak-Kowalczyk

Address: W140 N8981 Lilly Road, Menomonee Falls, WI 53051-2325

Treasurer: John Buono

Address: W140 N8981 Lilly Road, Menomonee Falls, WI 53051-2325

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

13. Mary T. Zak-Kowalczyk
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Mary T. Zak-Kowalczyk, Vice President and Corporate Secretary
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ASSISTED LIVING CONCEPTS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 19, 1994, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 2, 2012.

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20121102-1202
You may verify this electronic certificate online at **http://www.nvsos.gov/**

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