



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 145613 5022976

AUTHORIZATION : *Patricia Pijet*

COST LIMIT : \$ 78.75

ORDER DATE : February 23, 1999

ORDER TIME : 12:09 PM

ORDER NO. : 145613-005

CUSTOMER NO: 5022976

CUSTOMER: Ms. Katie Meeuwsen
Assisted Living Concepts, Inc.
11835 Ne Glenn Widing Drive
Building E
Portland, OR 97220-9057

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DIVISION OF CORPORATIONS
99 FEB 26 PM 2:26

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FOREIGN FILINGS

NAME: ASSISTED LIVING CONCEPTS
SERVICES, INC.

000002788830--4

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

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

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

1. Assisted Living Concepts Services, 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. Nevada

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

3. 93-1229804

(FEI number, if applicable)

4. August 20, 1997

(Date of Incorporation)

5. Perpetual

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

6. Upon qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 11835 NE Glenn Widing Drive, Bldg. E

Portland, OR 97220

(Current mailing address)

8. To develop construct, operate and manage assisted living facilities

(Purposes) of corporation authorized in home state or country to be carried out in the state of Florida

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301
(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.

Corporation Service Company

By: Karen E. Wehner
(Registered agent's signature)

Karen E. Wehner, Asst. V.P.

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 addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)

A. DIRECTORS (Street address only- P.O. Box NOT acceptable)

Chairman: William McBride III

Address: 11835 NE Glenn Widing Drive, Bldg. E
Portland, OR 97220

Vice Chairman: Keren Brown Wilson

Address: 11835 NE Glenn Widing Drive, Bldg. E
Portland, OR 97220

Director: Richard Ladd

Address: 11956 N. Shadow Hills Ct. SE
Turner, OR 97312

Director: none additional

Address: _____

B. OFFICERS (Street address only- P.O. Box NOT acceptable)

President: Keren Brown Wilson

Address: 11835 NE Glenn Widing Dr., Bldg E
Portland, OR 97220

Vice President: none

Address: _____

Secretary: Sandra Campbell

Address: 11835 NE Glenn Widing Drive, Bldg. E
Portland, OR 97220

Treasurer: William McBride III

Address: 11835 NE Glenn Widing Dr., Bldg E
Portland, OR 97220

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

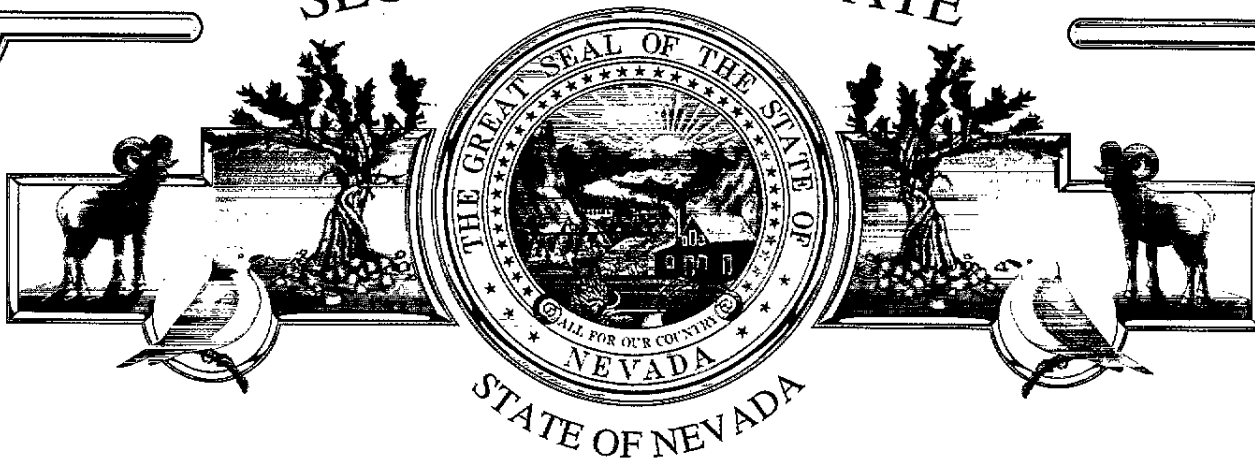
13. Sandra Campbell, Secretary

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

14. Sandra Campbell, Secretary

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, 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, limited-liability companies, limited partnerships, and limited-liability partnerships 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 SERVICES, 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 August 20, 1997, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on February 24, 1999.



Dean Heller
Secretary of State

By

J. Messelman
Certification Clerk