

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004950

**Entity Name:** LCS COMMUNITY EMPLOYMENT II LLC

**Current Principal Place of Business:**

400 LOCUST STREET STE 820  
DES MOINES, IA 50309

**Current Mailing Address:**

400 LOCUST STREET STE 820  
DES MOINES, IA 50309

**FEI Number:** 47-3481876

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD  
115 NORTH CALHOUN ST STE 4  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name KENNY, EDWARD R  
Address 400 LOCUST STREET STE 820  
City-State-Zip: DES MOINES IA 50309

Title MANAGER  
Name NELSON, JOEL D  
Address 400 LOCUST STREET STE 820  
City-State-Zip: DES MOINES IA 50309

Title MGR  
Name HESTON, MARK R  
Address 400 LOCUST STREET STE 820  
City-State-Zip: DES MOINES IA 50309

Title MGR  
Name BRIDGEWATER, DIANE C  
Address 400 LOCUST STREET STE 820  
City-State-Zip: DES MOINES IA 50309

Title MGR  
Name EXLINE, RICK W  
Address 107 N STATE ROAD 135 STE 206  
City-State-Zip: GREENWOOD IN 46142

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANE C. BRIDGEWATER

**EVP, TREASURER AND  
SECRETARY**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date