No. W 7590		Due no later than Dec 31, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		KAREN CARLSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JUVENILE HELP OPTIONS, LLC. KAREN CARLSON 2553 ST CHARLES IDAHO FALLS ID 83404		2553 ST CHARLES IDAHO FALLS ID 83404 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER KAREN CARLSC		SON	2553 ST CHARLES		IDAHO FALLS	ID		83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Karen Carlson		Date: 11/27/2015				
W 7590		Name (type or print): Karen Carlson			Title: member			
Processed 11/27/2015 * Electronically provided signatures are accepted as original signatures.								