

No. W 96070		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY SERVICES COUNSELING CENTER L.L.C. HECTOR DE LEON 704 ALBANY ST CALDWELL ID 83605 USA		HECTOR DE LEON 522 MORNING SUN CT NAMPA 83605			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DORA MORA POSTON	1968 SOUTH PEPPERCORN PLACE	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID W 96070		6. Annual Report must be signed.* Signature: Hector deLeon Name (type or print): Hector deLeon Date: 10/24/2014 Title: Executive Director					
Processed 10/24/2014		* Electronically provided signatures are accepted as original signatures.					