

No. W 7590	Due no later than Dec 31, 2000 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address (Complete this part if applicable)		KAREN CARLSON 2553 ST CHARLES IDAHO FALLS, ID 83404																								
	JUVENILE HELP OPTIONS, LLC. 2553 ST CHARLES IDAHO FALLS, ID 83404		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>Karen Carlson</td> <td>2553 St Charles</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83404</td> </tr> <tr> <td>member</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>member</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner	Karen Carlson	2553 St Charles	Idaho Falls	Idaho	83404	member							member				
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member																											
	member																										
5. Organized Under the Laws of: IDAHO W 7590	6. Signature <u>Karen Carlson</u> Date <u>10/11/00</u> Name (Typed or Printed) <u>KAREN CARLSON</u> Title: <u>owner</u>																										

Issued 10/02/2000

Do Not Tape or Staple

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