

No. W 96070	Due no later than Sep 30, 2017 Annual Report Form	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	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	HECTOR DE LEON 522 MORNING SUN CT NAMPA ID 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 de Leon Date: 10/24/2017 Name (type or print): Hector de Leon Title: Executive Director		
Processed 10/24/2017		* Electronically provided signatures are accepted as original signatures.	