No. **W 4538**	**Due no later than Aug 31, 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.** NEW BEGINNINGS RESIDENTIAL CARE FACILITY, LLC DEEON WATERS 2105 AVOCET DR IDAHO FALLS ID 83406	DEEON WATERS 2105 AVOCET DR IDAHO FALLS ID 83406 3. New 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	DEEON WATERS	2105 AVOCET DR	IDAHO FALLS	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 4538**	Signature: Brett Waters	Date: 06/10/2014
	Name (type or print): Brett Waters	Title: President

Processed 06/10/2014

* Electronically provided signatures are accepted as original signatures.