

|  |                 |  |      |  |         |             |  |
|--|-----------------|--|------|--|---------|-------------|--|
| No. <b>C 170152</b>  |                 | <b>Due no later than Dec 31, 2017</b>  |      | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FAMILY SUPPORT SERVICES, INC.<br>HAL JARDINE<br>630 N FRONT ST<br>ARCO ID 83213 |      | HAL JARDINE<br>630 N FRONT ST<br>ARCO ID 83213     |         |             |  |
|  |                 |  |      | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |  |      |  |         |             |  |
| Office Held  | Name            | Street or PO Address   | City | State  | Country | Postal Code |  |
| SECRETARY  | CINDY M JARDINE | 630 N FRONT ST   | ARCO | ID   | USA     | 83213       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 170152</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Cindy Jardine<br>Name (type or print): Cindy Jardine   |      |  |         |             |  |
| Date: 12/29/2017<br>Title: Secretary   |                 |  |      |  |         |             |  |
| Processed 12/29/2017   |                 | * Electronically provided signatures are accepted as original signatures.  |      |  |         |             |  |