

No. <b>W 10487</b>	<b>Due no later than Dec 31, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CHILD AND FAMILY ENRICHMENT CENTER, PLLC MARIE BURNS GRIFFITHS 619 S WASHINGTON AVE STE 301 MOSCOW ID 83843 USA		MARIE BURNS GRIFFITHS 619 S WASHINGTON AVE STE 301 MOSCOW ID 83843			
			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
MANAGER	MARIE BURNS GRIFFITHS	619 S WASHINGTON AVE STE301	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:  <b>ID</b> <b>W 10487</b>	6. Annual Report must be signed.* Signature: Marie Burns Griffiths Name (type or print): Marie Burns Griffiths		Date: 01/08/2009 Title: Mental Health Therapist Owner			
Processed 01/08/2009		* Electronically provided signatures are accepted as original signatures.				