

No. W 16361		Due no later than Sep 30, 2011 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		1. Mailing Address: Correct in this box if needed. VISTA FAMILY SERVICES, L.L.C. KATHLEEN A ASBELL 452 D STREET IDAHO FALLS ID 83402		KATHLEEN A ASBELL 452 D STREET IDAHO FALLS ID 83402			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KATHLEEN A ASBELL	Street or PO Address 2049 MALIBU DR		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of: ID W 16361		6. Annual Report must be signed.* Signature: Kathleen Asbell Name (type or print): Kathleen Asbell Date: 07/21/2011 Title: Bus. Manager					
Processed 07/21/2011 * Electronically provided signatures are accepted as original signatures.							