

|                                                                                                                                                        |                  |                                                                                    |           |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 18157</b>                                                                                                                                     |                  | <b>Due no later than Feb 28, 2011</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>Annual Report Form</b>                                                          |           | RONALD J REED<br>316 NORTH 3RD EAST<br>REXBURG ID 83440 |         |                  |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                          |           | 3. <u>New</u> Registered Agent Signature:*              |         |                  |  |
|                                                                                                                                                        |                  | CHILD AND FAMILY RESOURCE, LLC<br>RONALD J. REED<br>4816 E 150 N<br>RIGBY ID 83442 |           |                                                         |         |                  |  |
| 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                                                                                                                                                 | GAYLE W REED     | 4816 E 150 N                                                                       | RIGBY     | ID                                                      | USA     | 83442            |  |
| MEMBER                                                                                                                                                 | RONALD J REED    | 4816 E 150 N                                                                       | RIGBY     | ID                                                      | USA     | 83442            |  |
| MEMBER                                                                                                                                                 | JAMES R JOHNSTON | PO BOX 16                                                                          | MACKS INN | ID                                                      | USA     | 83433            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                  |           |                                                         |         |                  |  |
| <b>ID<br/>W 18157</b>                                                                                                                                  |                  | Signature: Ronald J. Reed                                                          |           |                                                         |         | Date: 03/17/2011 |  |
|                                                                                                                                                        |                  | Name (type or print): Ronald J. Reed                                               |           |                                                         |         | Title: Agent     |  |
| Processed 03/17/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.          |           |                                                         |         |                  |  |