No. <b>W 34277</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BEACON SOCIAL SERVICES, PLLC REBECCA M RICE 1102 MAIN ST STE D		2. Registere	2. Registered Agent and Address (NO PO BOX)  REBECCA M RICE 1102 MAIN ST STE D			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1102 144				
				SALMON	SALMON ID 83467  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter N	ames and Addres	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	REBECCA 1	M RICE	1006 CLEVELAND AVE	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 34277		Signature: Rebecca M Rice, LMSW Date: 09/09/2009					09	
		Name (type or print): Rebecca M Rice, LMSW			Title: Director			
Processed 09/09/2009 * Electronically provided signatures are accepted as original signatures.								