No. <b>W 41970</b>		Du	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  YOUTH TRAINING CENTER, LLC JULIE A VANORDEN  425 SOUTH 1100 WEST PINGREE ID 83262 USA		425 SOUTH 1	JULIE A VANORDEN 425 SOUTH 1100 WEST PINGREE ID 83262  3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
4. Limited Liability Compa	ınies: Enter Naı	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER	JULIE A VANORDEN RYAN A PARK CAMILLE D AGUINAGA		425 S 1100 W 4739 REVOLUTION 746 KRISTA CT	PINGREE POCATELLO CHUBBUCK	ID ID ID	USA USA USA	83262 83202 83202	
5. Organized Under the Laws of:  ID  W 41970		6. Annual Report must be signed.* Signature: Julie A VanOrden Name (type or print): Julie A VanOrden				6/17/2010 Member		
Processed 06/17/2010	* Electronically provided signatures are accepted as original signatures.							