

No. W 50526

Due no later than May 31, 2009

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

EMMETT FAMILY SERVICES, LLC
2007 E QUAIL RUN RD #1
EMMETT, ID 83617MICHAEL S LEE
2007 E QUAIL RUN RD #1
EMMETT, ID 83617**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZipMichael S Lee, LCSW, LIMHP
2007 E. Quail Run RD
Suite 1
Emmett, ID 83617

Melissa Miller

2007 E. Quail Run
Emmett, ID
83617

5. Organized Under the Laws of:

IDAHO
W 50526

6.

Signature

Name (Typed or
Printed)

Michael S. Lee

Michael S. Lee

Date

Title

3-13-09

Owner

Issued 03/02/2009

Do Not Tape or Staple

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