

| No. W 10935 | Due no later than January 31, 2007 | | 2. Registered Agent and Office 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 | | ERINN D ERICKSON | | | | | | | | | | | | | |
| | 1. Mailing Address - Correct in this box, if applicable YOUTH COUNSELING SERVICES, LLC ERINN D ERICKSON 14038 W HALIFAX CT BOISE, ID 83713 | | 14038 W HALIFAX CT BOISE, ID 83713 | | | | | | | | | | | | | |
| | | 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>manager</td><td>Erinn D. Erickson</td><td>14038 W. Halifax Ct.</td><td>Boise</td><td>ID</td><td>83713</td></tr></tbody></table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | manager | Erinn D. Erickson | 14038 W. Halifax Ct. | Boise | ID | 83713 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | |
| manager | Erinn D. Erickson | 14038 W. Halifax Ct. | Boise | ID | 83713 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 10935 | | 6. Signature <u>Erinn D. Erickson</u> Name (Typed or Printed) <u>Erinn D. Erickson</u> | | Date <u>11/20/06</u> Title <u>manager</u> | | | | | | | | | | | | |

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