

No. W 16361	Due no later than Sep 30, 2015 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. VISTA FAMILY SERVICES, L.L.C. KATHLEEN A ASBELL 452 D STREET IDAHO FALLS ID 83402	KATHLEEN A ASBELL 452 D STREET IDAHO FALLS ID 83402			
		3. <u>New</u> Registered Agent Signature:*			
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
MANAGER	KATHLEEN A ASBELL	452 D STREET	IDAHO FALLS	ID	83402
5. Organized Under the Laws of: ID W 16361	6. Annual Report must be signed.* Signature: Kathleen Asbell Date: 07/20/2015 Name (type or print): Kathleen Asbell Title: Managing Member				
Processed 07/20/2015		* Electronically provided signatures are accepted as original signatures.			