

No. **W 4538**

**Due no later than August 31, 2004
Annual Report Form**

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

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

NEW BEGINNINGS RESIDENTIAL CARE FAC
DEEON WATERS
2105 AVOCET DR
IDAHO FALLS, ID 83406

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2105 AVOCET DR
IDAHO FALLS, ID 83406

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

Office held Name

Street or P.O. Address

City

State

Zip

MANAGER DeeOn Waters 2105 Avocet Drive Idaho Falls, ID 83406

5. Organized Under the Laws of:

IDAHO
W 4538

6.

Signature

DeeOn Waters

Date 06-16-04

Name (Type or
Printed)

DeeOn Waters

Title Manager

Issued 06/01/2004

Do Not Tape or Staple

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