

No. W 4538		Due no later than Aug 31, 2009 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. NEW BEGINNINGS RESIDENTIAL CARE FACILITY, LLC DEEON WATERS 2105 AVOCET DR IDAHO FALLS ID 83406		DEEON WATERS 2105 AVOCET DR IDAHO FALLS ID 83406			
				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	
MEMBER	DEEON WATERS	2105 AVOCET DR	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID W 4538		6. Annual Report must be signed.* Signature: Brett L. Water Name (type or print): Brett L. Water Date: 07/06/2009 Title: Business Manager					
Processed 07/06/2009		* Electronically provided signatures are accepted as original signatures.					