

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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name DEEON WATERS	Street or PO Address 2105 AVOCET DR		City IDAHO FALLS	State ID	Country USA	Postal Code 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.							