

|                                                                                                                                                            |                 |                                                                                                                                                  |      |                                                      |         |                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------|---------|--------------------------------------------|--|
| No. <b>C 170152</b>                                                                                                                                        |                 | <b>Due no later than Dec 31, 2015</b><br><b>Annual Report Form</b>                                                                               |      | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |                                            |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FAMILY SUPPORT SERVICES, INC.<br>HAL JARDINE<br>630 N FRONT ST<br>ARCO ID 83213 |      | HAL JARDINE<br>630 N FRONT ST<br>ARCO ID 83213       |         |                                            |  |
|                                                                                                                                                            |                 |                                                                                                                                                  |      |                                                      |         | 3. <u>New</u> Registered Agent Signature:* |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                          |                 |                                                                                                                                                  |      |                                                      |         |                                            |  |
| Office Held                                                                                                                                                | Name            | Street or PO Address                                                                                                                             | City | State                                                | Country | Postal Code                                |  |
| SECRETARY                                                                                                                                                  | CINDY M JARDINE | 630 N FRONT ST                                                                                                                                   | ARCO | ID                                                   | USA     | 83213                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 170152</b>                                                                                        |                 | 6. Annual Report must be signed.*<br><br>Signature: Cindy Jardine<br>Name (type or print): Cindy Jardine                                         |      |                                                      |         |                                            |  |
|                                                                                                                                                            |                 | Date: 01/07/2016<br>Title: Secretary                                                                                                             |      |                                                      |         |                                            |  |
| Processed 01/07/2016      * Electronically provided signatures are accepted as original signatures.                                                        |                 |                                                                                                                                                  |      |                                                      |         |                                            |  |