

No. W 4538	Due no later than Aug 31, 2001															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		2. Registered Agent and Office NO PO BOX													
	1. Mailing Address - Correct in this box, if applicable NEW BEGINNINGS RESIDENTIAL CARE FAC 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 Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>DeeOn Waters</td> <td>2105 Avocet Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	DeeOn Waters	2105 Avocet Dr.	Idaho Falls	ID	83406
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	DeeOn Waters	2105 Avocet Dr.	Idaho Falls	ID	83406											
5. Organized Under the Laws of: IDAHO W 4538		6. Signature <u>DeeOn Waters</u> Date <u>6-11-01</u> Name <small>(Typed or Printed)</small> <u>DeeOn Waters</u> Title <u>Manager</u>														

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Do Not Tape or Staple

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