

|  |   |   |             |       |         |             |
|--|---|---|-------------|-------|---------|-------------|
| No. <b>W 16361</b>   | <b>Due no later than Sep 30, 2014</b><br><b>Annual Report Form</b>  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |             |       |         |             |
| Return to:<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>VISTA FAMILY SERVICES, L.L.C.<br>KATHLEEN A ASBELL<br>452 D STREET<br>IDAHO FALLS ID 83402 | KATHLEEN A ASBELL<br>452 D STREET<br>IDAHO FALLS ID 83402                 |             |       |         |             |
|  |   | 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 |
| MANAGER  | KATHLEEN A ASBELL   | 452 D STREET  | IDAHO FALLS | ID    | USA     | 83402       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 16361</b>   | 6. Annual Report must be signed.*<br>Signature: Kathleen Asbell<br>Name (type or print): Kathleen Asbell<br>Date: 07/11/2014<br>Title: Managing Member  |   |             |       |         |             |
| Processed 07/11/2014   |   | * Electronically provided signatures are accepted as original signatures. |             |       |         |             |