

<b>No. W 59027</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/10/2013</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> HECOTR DELEON 704 ALBANY ST CALDWELL ID 83605
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FAMILY SERVICES CENTER LLC 704 ALBANY ST CALDWELL ID 83605		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Hector de Leon 522 Manay St, Tampa Hills Canyon 83686</i>			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Dora Mora Poston 1968 Santa Peppercorn Borrie del AdA 83709</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO W 59027           </div>		<b>6.</b> Signature: <u><i>Hector de Leon msw</i></u> Date: <u><i>9/30/13</i></u> Name (type or print): <u><i>Hector de Leon</i></u> Title: <u><i>Ex. Director</i></u>	
Issued 09/30/2013 by KAH			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM