

<b>No. W 14031</b>	<b>Due no later than Jan 31, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable FAMILY SUPPORT SERVICES OF NORTH ID ELIZABETH G PATZER <del>1505 W PRAIRIE</del> <b>P.O. Box 2786</b> POST FALLS, ID <del>83854</del> <b>83877</b>		ELIZABETH G PATZER <del>240 W PARKVIEW DR</del> <b>1001 n. Spokane Street</b> POST FALLS, ID 83854  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>① Administrative</td> <td>Director Elizabeth Patzer</td> <td>12262 W. Parkview Dr.</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>② Program</td> <td>Director Jodi Smith</td> <td>2253 S. Schelling Hoop</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	① Administrative	Director Elizabeth Patzer	12262 W. Parkview Dr.	Post Falls	ID	83854	② Program	Director Jodi Smith	2253 S. Schelling Hoop	Post Falls	ID	83854
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5. Organized Under the Laws of:  IDAHO W 14031	6. <table border="1"> <tr> <td>Signature</td> <td><i>Elizabeth A. Patzer</i></td> <td>Date</td> <td>12-01-01</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Elizabeth G. Patzer</td> <td>Title</td> <td>Admin. Director</td> </tr> </table>			Signature	<i>Elizabeth A. Patzer</i>	Date	12-01-01	Name (Typed or Printed)	Elizabeth G. Patzer	Title	Admin. Director										
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