

<b>No. W 4538</b>	<b>Due no later than Aug 31, 2000</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 <b>NEW BEGINNINGS RESIDENTIAL CARE FAC</b> <b>DEEON WATERS</b> <b>2105 AVOCET DR</b>  IDAHO FALLS, ID 83406		<b>DEEON WATERS</b> <b>2105 AVOCET DR</b>  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>06-23-2000</u> Name <small>(Typed or Printed)</small> <u>DeeOn Waters</u> Title: <u>Manager</u> <del>X</del> <del>None</del>														

Issued 06/01/2000

Do Not Tape or Staple

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