No. W 96070	Due no later than Sep 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		HECTOR D			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. FAMILY SERVICES COUNSELING CENTER L.L.C. HECTOR DE LEON 704 ALBANY ST		522 MORNING SUN CT NAMPA ID 83605			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	CALDWELL ID 83605		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter Na	mes and Addresses	of at least one Member or Manager.				
Office Held Name		Street or PO Address	City	State	Country	Postal Code
MEMBER DORA MORA POSTON		1968 SOUTH PEPPERCORN PLACE	BOISE	ID	USA	83709
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Hector de Leon		Date: 07/26/2011			
W 96070	Name (type or print): Hector de Leon		Title: Owner Manager			
Processed 07/26/2011	* Electronically provided signatures are accepted as original signatures.					