

No. <b>W 14031</b>	<b>Due no later than January 31, 2005 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>	<b>1. Mailing Address - Correct in this box, if applicable</b>		JODI SMITH 1115 IRONWOOD DR STE C COEUR D'ALENE, ID 83814																		
	FAMILY SUPPORT SERVICES OF NORTH ID JODI SMITH 1115 IRONWOOD DR STE C COEUR D ALENE, ID 83814																				
3. <u>New</u> Registered Agent Signature																					
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers.</p> <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>Executive Director</td> <td>Jodi Smith</td> <td>2013 W. Bolivar Ave.</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83815</td> </tr> <tr> <td>Clinical Director</td> <td>Pascale Cafferty</td> <td>603 7th Street</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Executive Director	Jodi Smith	2013 W. Bolivar Ave.	Coeur d'Alene	ID	83815	Clinical Director	Pascale Cafferty	603 7th Street	Coeur d'Alene	ID	83814
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5. Organized Under the Laws of:  IDAHO W 14031		6. Signature <u>Jodi Smith</u> Date <u>11/9/04</u> Name (Typed or Printed) <u>Jodi Smith</u> Title <u>Exec. Director</u>																			