

No. W 14031	Due no later than Jan 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		JODI SMITH 2201 IRONWOOD PLACE COEUR D'ALENE ID 83814			
	FAMILY SUPPORT SERVICES OF NORTH IDAHO, LLC JODI SMITH 2201 IRONWOOD PLACE COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JODI S SMITH	2673 W BOLIVAR AVE	COEUR D'ALENE	ID	USA	83815
MEMBER	PASCALE L CAFFERTY	8733 W LOST COW ROAD	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 14031	6. Annual Report must be signed.*					
		Signature: Jodi S Smith	Date: 12/11/2013			
		Name (type or print): Jodi S Smith	Title: Managing Partner			
Processed 12/11/2013		* Electronically provided signatures are accepted as original signatures.				