

No. **W 108355**

**Reinstatement Annual Report Form
ADMIN DISSOLVED 02/11/2013**

Return to:

SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

REINSTATEMENT FEE

DUE: \$30.00

1. Mailing Address: Correct in this box if needed.

FAMILY SERVICES TREATMENT, LLC
ROBERT HORTON
PO BOX 981
EMMETT ID 83617

**2. Registered Agent and Office
(NOT A P.O. BOX)**

ROBERT HORTON
426 HIGHWAY 16
EMMETT ID 83617

3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
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Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robert Horton	PO BOX 981	Emmett	ID		83617
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Manager <input type="checkbox"/> Member <input type="checkbox"/>
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Manager <input type="checkbox"/> Member <input type="checkbox"/>
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Manager <input type="checkbox"/> Member <input type="checkbox"/>
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5. Organized Under the Laws of:

**IDAHO
W 108355**

6.

Signature: Robert Horton

Name (type or print): Rob Horton

Date: 3/7/13

Title: owner

Issued 03/04/2013 by SLD