No. <b>W 28200</b>		Due no later than Jan 31, 2014		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRENDA	BRENDA JANSSON 924 STRAWBERRY LANE MCCALL ID 83638			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  DOC STANTON'S RECOVERY ROOM, LLC BRENDA JANSSON 924 STRAWBERRY LN MCCALL ID 83638						
				MCCALL				
				3. <u>New</u> Reg	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compar	nies: 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 BRENDA JAN		NSSON	924 STRAWBERRY LANE	MCCALL	ID	USA	83636	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brenda		Date: 01/03/2014				
W 28200		Name (type or prin		Title: Treasurer				
* Electronically provided signatures are accepted as original signatures.								