

No. <b>W 19699</b>		<b>Due no later than Jun 30, 2009</b>		2. Registered Agent and Address <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 needed.</b> THERAPEUTIC INTERVENTIONS ABUSE CLINICS (TIAC), PLLC SCOTT LYNN MILLER 502 CLEVELAND ST IDAHO FALLS ID 83401 USA		SCOTT LYNN MILLER 502 CLEVELAND ST IDAHO FALLS ID 83401			
				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	SCOTT LYNN MILLER	156 W 17TH ST	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 19699</b>		Signature: Scott Lynn Miller				Date: 05/27/2009	
		Name (type or print): Scott Lynn Miller				Title: Owner	
Processed 05/27/2009		* Electronically provided signatures are accepted as original signatures.					