

No. <b>W 121330</b>		<b>Due no later than Jan 31, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  THERAPEUTIC ALTERNATIVE LLC DOMINEE HALL 204 N ARTHUR AVE POCATELLO ID 83204		DOMINEE HALL 11417 WHISPERING CLIFFS DR POCATELLO ID 83202			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MEMBER	LISA MECHAM	1411 W CENTER	POCATELLO	ID	USA	83204	
MEMBER	DOMINEE R HALL	11417 WHISPERING CLIFFS DR	POCATELLO	ID	USA	83202	
5. Organized Under the Laws of:  <b>ID</b> <b>W 121330</b>		6. Annual Report must be signed.*  Signature: Dominee Hall Name (type or print): Dominee Hall  Date: 02/09/2014 Title: Owner					
Processed 02/09/2014 * Electronically provided signatures are accepted as original signatures.							