

No. W 77037		Due no later than Aug 31, 2012		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		Annual Report Form		DOROTHY HAMILTON 510 RIM VIEW DR TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		HAMILTON TREATMENT ASSOCIATES, LLC DOROTHY HAMILTON 510 RIM VIEW DR TWIN FALLS ID 83301 USA					
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	BONITA D. LANCASTER	3722 N 2544 E	TWIN FALLS	ID	USA	83301	
MEMBER	BRENDA J. SMITH	3249 E 3600 N	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 77037		Signature: Dorothy Hamilton			Date: 06/14/2012		
		Name (type or print): Dorothy Hamilton			Title: Manager		
Processed 06/14/2012		* Electronically provided signatures are accepted as original signatures.					