No. **W 77037**	**Due no later than Aug 31, 2013** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** HAMILTON TREATMENT ASSOCIATES, LLC DOROTHY HAMILTON 510 RIM VIEW DR TWIN FALLS ID 83301 USA	DOROTHY HAMILTON 510 RIM VIEW DR TWIN FALLS ID 83301 3. New 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	BONITA D LANCASTER	3722 N 2544 E	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 77037**	Signature: Dorothy Hamilton	Date: 09/17/2013
	Name (type or print): Dorothy Hamilton	Title: Manager

Processed 09/17/2013

* Electronically provided signatures are accepted as original signatures.