No. C 99662	Due no later than Sep 30, 2009 Annual Report Form	2. Registered Agent and Office **(NOT A P.O. BOX)** KEITH SCHEUERMANN 1957 E 17TH ST IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** IDAHO FALLS RECOVERY CENTER, INC. KEITH SCHEUERMANN MD 1957 ~~17TH ST~~ E. 17th ST. IDAHO FALLS ID 83404	3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRES.	DR. MARK PETERSEN,	2940 BALBOA DR.	Id. FALLS	Id.	BONN.	83404
SEC.	DR. Keith SCHEUERMANN,	756 S. FOOTHILL Rd.	Id. FALLS	Id.	BONN.	83401
DIRECTOR.	DR. MARK PETERSEN,	2940 BALBOA DR.	Id. FALLS	Id.	BONN.	83404
DIRECTOR.	DR. Keith SCHEUERMANN.	756 S. FOOTHILL Rd.	Id. FALLS	Id.	BONN.	83401
DIRECTOR.	DR. John ANDARY,	2035 E. 17th ST.,	Id. Falls,	Id.	BONN.	83404
DIRECTOR.	GREG NEBEKER,	1945 E. 17th ST.,	Id. FALLS,	Id.	BONN.	83404

5. Organized Under the Laws of:	6.
IDAHO C 99662	Signature: Keith W. Scheuermann M.D. Date: 9/15/09 Name (type or print): Keith W. Scheuermann M.D. Title: M.D.

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