

No. **W 19699****Due no later than June 30, 2004  
Annual Report Form**2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

THERAPEUTIC INTERVENTIONS ABUSE CLI  
SCOTT LYNN MILLER  
502 CLEVELAND ST  
IDAHO FALLS, ID 83401SCOTT LYNN MILLER  
502 CLEVELAND ST  
IDAHO FALLS, ID 83401**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZip

MANAGER SCOTT LYNN MILLER 156 W 172 ST IDAHO FALLS ID 83402

5. Organized Under the Laws of:

IDAHO  
W 19699

6.

Signature

Scott L Miller

Date

4/14/04

Name

(Typed or  
Printed)

SCOTT L. MILLER

Title

owner

Issued 04/01/2004

Do Not Tape or Staple

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