No. <b>W 102749</b>		Due no later than Apr 30, 2012		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  RAINBOW'S END RECOVERY CENTER, LLC  NANCY A DEL COLLETTI  PO BOX 1146  CHALLIS ID 83226  USA		112 S 7T CHALLIS	CURT R THOMSEN 112 S 7TH ST CHALLIS ID 83226  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	iies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	NANCY A D	EL COLLETTIE	PO BOX 1146	CHALLID	ID	USA	83226	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nan		Date: 02/09/2012				
W 102749		Name (type or		Title: President				
Processed 02/09/2012 * Electronically provided signatures are accepted as original signatures.								