No. **W 19699**

Due no later than June 30, 2005
Annual Report Form

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 applicable

THERAPEUTIC INTERVENTIONS ABUSE CLI
SCOTT LYNN MILLER
502 CLEVELAND ST
IDAHO FALLS, ID 83401

2. Registered Agent and Office **NO PO BOX**

SCOTT LYNN MILLER
502 CLEVELAND ST
IDAHO FALLS, ID 83401

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
OWNER/MANAGER	SCOTT LYNN MILLER	502 CLEVELAND ST.	Idaho Falls	ID	83401

5. Organized Under the Laws of:
IDAHO
W 19699

6.
Signature Scott L Miller Date 4/11/05
Name (Typed or Printed) SCOTT L. MILLER Title OWNER/MANAGER

Issued 04/01/2005

Do Not Tape or Staple

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