No. <b>W 87037</b>	Due no later than Sep 30, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed. H AND H TREATMENT PROGRAMS, LLC 3023 E COPPER POINT DR STE 106		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			3023 E COI STE 106 MERIDIAN	S&S LEGAL DOCUMENTS, LLC 3023 E COPPER POINT DR			
NO FILING FEE IF RECEIVED BY DUE DATE	MERIDIAN ID		3. <u>New</u> Regist	ered Agent S	ignature: "		
4. Limited Liability Companies: Enter Na Office Held Name	imes and Addresse	s of at least one Member or Manager.  Street or PO Address	City	State	Country	Postal Code	
	ER HEINDEL	6050 SUNRISE AVE.	KUNA	ID	USA	83634	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: Christopher Heindel		Date: 10/03/2016				
W 87037	Name (type or print): Christopher Heindel Title: Manager						
Processed 10/03/2016	* Electronically provided signatures are accepted as original signatures.						