FILED EFFECTIVE

No. W 28200	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2008	2. Registered Agent and Office **(NOT A P.O. BOX)** BRENDA JANSSON 924 STRAWBERRY LANE MCCALL ID 83638
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** DOC STANTON'S RECOVERY ROOM, LLC ~~PO BOX 876~~ 924 Strawberry Ln MCCALL ID 83636	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00 +	$20 to expedite	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member (circle one)	Name	Street or PO Address	City	State	Country	Postal Code
Manager Member	Brenda Janssen	924 Strawberry Ln	Mccall	ID	USA	83638

5. Organized Under the Laws of:	6.
IDAHO W 28200	Signature: Brenda Janssen Date: 6.24.11 Name (type or print): Brenda Janssen Title: Rep

Issued 06/24/2011 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM