

No. C 99662

Due no later than September 30, 2008

Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

IDAHO FALLS RECOVERY CENTER, INC.
~~LIN DEE HOKANSON~~ Keith Schuermann, MD.
1957 17TH ST
IDAHO FALLS, ID 83404

2. Registered Agent and Office NO PO BOX

KEITH SCHEUERMANN
1957 E 17TH ST
IDAHO FALLS, ID 83404

NO FILING FEE IF

RECEIVED BY DUE DATE

3. New Registered Agent Signature

Keith Schuermann MD

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	Keith Schuermann, MD	1957 E. 17 th ST.	Idaho Falls	ID.	83404
DIRECTOR	Steve Klippert, MD	1957 E. 17 th ST	Idaho Falls	ID	83404
DIRECTOR	MARK Petersen, MD	1957 E. 17 th ST.	Idaho Falls	ID.	83404
DIRECTOR	GREG NEBEKER, MD	1957 E. 17 th ST	Idaho Falls	ID.	83404
DIRECTOR	John Andary, MD	2035 E. 17 th ST.	Idaho Falls	ID.	83404

5. Organized Under the Laws of:

IDAHO
C 99662

6.

Signature

Keith Schuermann MD

Date

8/11/08

Name (Typed or Printed)

Keith Schuermann

Title

BOARD CHAIRMAN
Reg. Agent

Issued 07/01/2008

Do Not Tape or Staple

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