

No. W 102749		Due no later than Apr 30, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		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		CURT R THOMSEN 2635 CHANNING WAY IDAHO FALLS ID 83404	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	NANCY A DEL COLLETTIE	PO BOX 1146	CHALLID	ID	USA 83226
5. Organized Under the Laws of: ID W 102749		6. Annual Report must be signed.* Signature: Coralea Breezley Name (type or print): Coralea Breezley Date: 02/22/2016 Title: Office manager			
Processed 02/22/2016		* Electronically provided signatures are accepted as original signatures.			