No. <b>W 28200</b>		Due no later than Jan 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 Page 10 To 10 Page	BRENDA JANSSON 924 STRAWBERRY LANE MCCALL ID 83638			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  DOC STANTON'S RECOVERY ROOM, LLC BRENDA JANSSON 924 STRAWBERRY LN MCCALL ID 83638						
				TICCALL ID				
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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	
MEMBER BRENDA JAN		NSSON	924 STRAWBERRY LANE	MCCALL	ID		83636	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brenda Jansson			Date: 01/15/2016			
W 28200		Name (type or		Title: President				
Processed 01/15/2016 * Electronically provided signatures are accepted as original signatures.								