

No. W 19699	Due no later than June 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX SCOTT LYNN MILLER 502 CLEVELAND ST IDAHO FALLS, ID 83401		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable THERAPEUTIC INTERVENTIONS ABUSE CLI SCOTT LYNN MILLER 502 CLEVELAND ST IDAHO FALLS, ID 83401		3. <u>New</u> Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	
		<u>Zip</u>			
OWNER/ Therapist	SCOTT MILLER L.	156 W 17th ST	IDAHO FALLS	ID	83402
5. Organized Under the Laws of: IDAHO W 19699		6. Signature <u>Scott L Miller</u> Date <u>4/19/06</u> Name (Typed or Printed) <u>SCOTT L. MILLER</u> Title <u>OWNER</u>			

Issued 04/03/2006

Do Not Tape or Staple

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