No. **C 99662**	**Due no later than Sep 30, 2013** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** IDAHO FALLS RECOVERY CENTER, INC. MARK PETERSEN PO BOX 1709 IDAHO FALLS ID 83404	KEITH SCHEUERMANN 1957 E 17TH ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MARK PETERSEN	PO BOX 1709	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 99662**	Signature: Julie Denny Name (type or print): Julie Denny	Date: 10/01/2013 Title: Operations

Processed 10/01/2013

* Electronically provided signatures are accepted as original signatures.