

No. W 77037		Due no later than Aug 31, 2009 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. HAMILTON TREATMENT ASSOCIATES, LLC DOROTHY HAMILTON 510 RIM VIEW DR TWIN FALLS ID 83301 USA		DOROTHY HAMILTON 510 RIM VIEW DR TWIN FALLS ID 83301			
				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	
MEMBER	RONALD B. HAMILTON	61 HAWTHORNE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 77037		6. Annual Report must be signed.* Signature: Dorothy A. Hamilton Name (type or print): Dorothy A. Hamilton				Date: 07/10/2009 Title: Manager	
Processed 07/10/2009		* Electronically provided signatures are accepted as original signatures.					