No. C 99662				2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KEITH SCHEUERMANN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Corr	1957 E 17TH ST IDAHO FALLS ID 83404				
		IDAHO FALLS RECOVERY CENTER, INC. MARK PETERSEN PO BOX 1709					
		IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter	Names and Busin	ess Addresses of President, Sec	retary, and Directors. Treasurer	(optional).			
Office Held	Name	Stree	t or PO Address	City	State	Country	Postal Code
PRESIDENT MARK PETER		RSEN PO BO	OX 1709	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Julie Denny		Date: 07/30/2012			
C 99662		Name (type or print): Julie Denny		Title: Finance/HR Director			
Processed 07/30/2012 * Electronically provided signatures are accepted as original signatures.							