

No. <b>W 155068</b>		<b>Due no later than Aug 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ADDICTION AND TRAUMA RECOVERY, PLLC MEGAN WALL 1970 E 17TH ST #208 IDAHO FALLS ID 83404		MEGAN WALL 11780 S PINEHURST DR IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SHEILA KELLOGG	Street or PO Address 863 MAPLE ST		City ASHTON	State ID	Country USA	Postal Code 83420
5. Organized Under the Laws of:  <b>ID</b> <b>W 155068</b>		6. Annual Report must be signed.*  Signature: Megan S Wall Name (type or print): Megan S Wall  Date: 07/17/2017 Title: Executive Director					
Processed 07/17/2017 * Electronically provided signatures are accepted as original signatures.							