No. <b>W 77037</b>		Due no later than Aug 31, 2011			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HAMILTON TREATMENT ASSOCIATES, LLC DOROTHY HAMILTON 510 RIM VIEW DR TWIN FALLS ID 83301 USA		510 RIM VIEV TWIN FALLS	DOROTHY HAMILTON 510 RIM VIEW DR TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	BONITA D LANCASTER		3722 N 2544 E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 77037		Signature: Dorothy A. Hamilton Date: 06/20/2011						
		Name (type or		Title: Manager				
Processed 06/20/2011	rocessed 06/20/2011 * Electronically provided signatures are accepted as original signatures.							