

No. <b>W 19699</b>		<b>Due no later than Jun 30, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		SCOTT LYNN MILLER 152 E MAIN STREET STE # 103 RIGBY ID 83442																	
		<b>1. Mailing Address: Correct in this box if needed.</b> THERAPEUTIC INTERVENTIONS ABUSE CLINICS (TIAC), PLLC SCOTT LYNN MILLER 152 E MAIN STREET STE # 103 RIGBY ID 83442 USA		3. <u>New</u> Registered Agent Signature:*																	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>SCOTT LYNN MILLER</td> <td>227 NORTH STATE STREET</td> <td>RIGBY</td> <td>ID</td> <td>USA</td> <td>83442</td> </tr> </tbody> </table>								Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGER	SCOTT LYNN MILLER	227 NORTH STATE STREET	RIGBY	ID	USA	83442
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MANAGER	SCOTT LYNN MILLER	227 NORTH STATE STREET	RIGBY	ID	USA	83442															
5. Organized Under the Laws of:  <b>ID W 19699</b>		6. Annual Report must be signed.* Signature: Scott Miller Name (type or print): Scott Miller Date: 05/23/2012 Title: Manager																			
Processed 05/23/2012		* Electronically provided signatures are accepted as original signatures.																			