No. C 99662	Due no later than Sep 30, 2010 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) KEITH SCHEUERMANN 1957 E 17TH ST IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address: Correct in this box if needed. IDAHO FALLS RECOVERY CENTER, INC. KEITH SCHEUERMANN MD 1957 E 17TH ST IDAHO FALLS ID 83404	3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRES.	DR. MARK PETERSON,	1945 E. 17th.	Id. FALLS,	ID.	BONN	83404
Med. Director. Sec.	DR. Keith SCHEUERMANN,	1945 E. 17th,	Id FALLS,	Id.	BON.	83404
BOARD DIRECT. MEMBER	DR. MARK PETERSEN.	1945 E. 17th,	I. F.	Id.	BONN	83404
BOARD DIRCT. MEMBR.	DR Keith SCHEUERMANN,	1945. E. 17th	I. F,	Id.	BONN	83404
DIRECTOR MEMBR.	[redacted] Greg NEBEKER,	1945. E. 17th,	Id. FALLS,	Id.	BONN	83404

* We lost 2 Board members in the last year. (one Resigned due to time CONSTRAINTS - the other moved AWAY. We ARE CURRENTLY Seeking Replacements.

5. Organized Under the Laws of:	6.
IDAHO C 99662	X Signature: Keith W Scheuermann MD Date: 7/27/10 Name (type or print): Keith W. SCHEUERMANN Title: MD Director

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