No. W 106088		Due no later than Aug 31, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DONNIE HARRIS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HARRIS ADDICTION TREATMENT SERVICES, LLC DONNIE HARRIS 582 E BOISE AVE #164 BOISE ID 83706		BOISE ID	582 E BOISE AVE #164 BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DONNIE E HA		HARRIS	582 E. BOISE AVE. #164	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Donnie Harris			Date: 09/01/2015			
W 106088		Name (type or print): Donnie Harris			Title: Manager			
Processed 09/01/2015 * Electronically provided signatures are accepted as original signatures.								