

July 12, 1994

SOUTHEAST IDAHO DAY TREATMENT CENTER, P.L.L.C.
J KENT MUELLER, M.D.
151 N 3RD AVE #108
POCATELLO ID 83201

RE: SOUTHEAST IDAHO DAY TREATMENT CENTER, P.L.L.C. File Number ^W 100

Dear Mr. Mueller:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

ISSUED: 07-05-1994

No. 100	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994	J KENT MUELLER, M.D. 151 N 3RD AVE #108
	1. Mailing Address — SOUTHEAST IDAHO DAY TREATMENT C J KENT MUELLER, M.D. 151 N 3RD AVE #108 POCATELLO ID 83201	POCATELLO ID 83201 3. Organized Under The Laws of ID NO: 100

4. Names and Addresses of ☐ Managers or ☐ Members (check one)NameStreet or P.O. AddressCityStateZip

5. Signature of the Current Registered Agent

(if changed in block 2)

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Date

J. KENT MUELLER

7/11/94