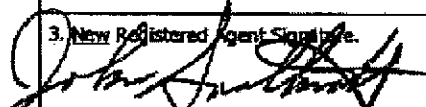
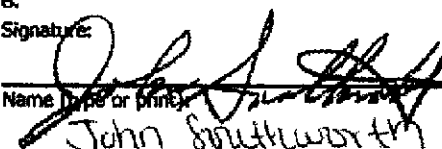


2014 APR 14 AM 11:38

SECRETARY OF STATE
 STATE OF IDAHO

No. W 101469	Due no later than Mar 31, 2014 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint John Southworth 5530 W. Emerald St. Boise Id 83706																																			
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. J. SOUTHWORTH INTERVENTIONS, LLC 5530 EMERALD STREET BOISE ID 83706	3. New Registered Agent Signature: 																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John Southworth</td> <td>5530 W. Emerald</td> <td>Boise</td> <td>Id</td> <td></td> <td>83706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	John Southworth	5530 W. Emerald	Boise	Id		83706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
5. Organized Under the Laws of: IDAHO W 101469	6. Signature:  Name (Type or Print): John Southworth Date: 4/14/14 Title: President/owner																																				

Issued 04/10/2014 by DK1

125589

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? 208)333-9555

POSTMARK DATES WILL NOT BE ACCEPTED

FAX
TRANSMISSION

To:

From:

Subject: W101469

Message: Please let me know if you have any trouble with this fax transmittal.

Thank you.

Chelsie Skira

Manager of Operations
Southworth Associates
208-323-9555 x109
208-323-9222 fax
208-863-8945 cell

Chelsie@southworthassociates.net

UKESAD Conference- May 5-7, 2014, London

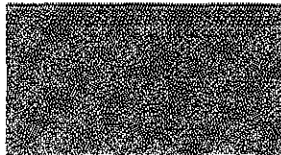
Spring International Treatment Center's Cooperative (ITCC) Conference- June 9-11, 2014-
Vero Beach, FL.

2014 Intervention Trainings: June 20-22 – San Francisco; July 30-August 1- Location TBD;
October 17-19- Palm Springs

Moments of Change Conference- September 29-October 2, 2014- Palm Beach, FL.

Please consider the environment before printing this email.

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**Company Name**

Address

Tel: Fax:

Email: Website: