

No. <b>W 102749</b>		<b>Due no later than Apr 30, 2017</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  RAINBOW'S END RECOVERY CENTER, LLC NANCY A DEL COLLETTI PO BOX 1146 CHALLIS ID 83226		CURT R THOMSEN 2635 CHANNING WAY IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name NANCY A DEL COLLETTIE	Street or PO Address PO BOX 1146		City CHALLID	State ID	Country USA	Postal Code 83226
5. Organized Under the Laws of:  <b>ID</b> <b>W 102749</b>		6. Annual Report must be signed.*  Signature: Coralea Breezley Name (type or print): Coralea Breezley  Date: 02/22/2016 Title: Office manager					
Processed 02/22/2016 * Electronically provided signatures are accepted as original signatures.							