

No. <b>W 102749</b>		<b>Due no later than Apr 30, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <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 USA		CURT R THOMSEN 2635 CHANNING WAY IDAHO FALLS ID 83404	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	NANCY A DEL COLLETTIE	PO BOX 1146	CHALLID	ID	USA 83226
5. Organized Under the Laws of:  <b>ID W 102749</b>		6. Annual Report must be signed.* Signature: Nancy Del Colletti Name (type or print): Nancy Del Colletti Date: 02/10/2014 Title: Executive Director			
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.			