No. C 99662	D	Due no later than Sep 30, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LIN DEE HOKANSON 1957 E 17TH ST IDAHO FALLS ID 83404			
700 WEST JEFFERSON PO BOX 83720 BOISE ID 83770-0080		1. Mailing Address: Correct in this box if needed. IDAHO FALLS RECOVERY CENTER, INC. LIN DEE HOKANSON 1957 17TH ST					
	IDAHO FALLS	IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and E	usiness Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY MARK P	ETERSEN	1957 E 17TH STREET	IDAHO FALLS	ID	USA	83404	
PRESIDENT KEITH S	CHEUERMANN	1957 E 17TH STREET	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: 6. Annual		Annual Report must be signed.*					
ID Signa		Signature: Lin Dee Hokanson Date: 07/12/2007					
C 99662	Name (type	Name (type or print): Lin Dee Hokanson			Title: CEO/Administrator		
Processed 07/12/2007	* Electronically provided signatures are accepted as original signatures.						