

No. <b>W 19699</b>		<b>Due no later than Jun 30, 2016</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>		SCOTT LYNN MILLER 152 E MAIN STREET STE # 103 RIGBY ID 83442			
		<b>1. Mailing Address: Correct in this box if needed.</b> THERAPEUTIC INTERVENTIONS ABUSE CLINICS (TIAC), PLLC SCOTT LYNN MILLER 152 E MAIN STREET STE # 103 RIGBY ID 83442		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	SCOTT LYNN MILLER	227 N STATE STREET	RIGBY	ID	USA	83442	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 19699</b>		Signature: Scott Miller			Date: 04/27/2016		
		Name (type or print): Scott Miller			Title: Manager		
Processed 04/27/2016		* Electronically provided signatures are accepted as original signatures.					