No. C 135174		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:				BRIAN LANE OLSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. 3750 FOUNDERS POINTE DRIVE IDAHO FALLS ID 83406						
		PEAKS TO PLAINS THERAPY SERVICES, P.A. BRIAN LANE OLSON 3750 FOUNDERS POINTE DRIVE IDAHO FALLS ID 83406 USA		IDANO FALLS	IDATIO PALLS ID 65400			
				3. New Registere	3. New Registered Agent Signature:*			
4. Corporations: Enter	r Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT BRIAN L OLSON		SON	3750 FOUNDERS POINTE DRIVE	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 135174		Signature: Brian Olson		ļ	Date: 06/10/2014			
		Name (type or print): Brian Olson		-	Title: President			
Processed 06/10/2014 * Electronically provided signatures are accepted as original signatures.								