

No. W 22687		Due no later than Feb 28, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. THERAPIST SOLUTIONS LLC SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714		SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714			
				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	SALLY GUASPARI	5355 N LIVERPOOL AVE	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID W 22687		6. Annual Report must be signed.* Signature: Sally Guaspari Name (type or print): Sally Guaspari Date: 02/24/2014 Title: Manager					
Processed 02/24/2014		* Electronically provided signatures are accepted as original signatures.					