

No. C 135521	Due no later than Sep 30, 2014 Annual Report Form		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. CHILDREN'S THERAPY PLACE, INC. SONDRA F MCMINDES 6855 W. FAIRVIEW AVENUE BOISE ID 83704 USA		SONDRA F MCMINDES 12409 N. UPPER RIDGE PLACE BOISE 83714				
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SONDRA F MCMINDES	12409 N. UPPER RIDGE PLACE	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID C 135521		6. Annual Report must be signed.* Signature: Sondra McMIndes Name (type or print): Sondra McMIndes					
		Date: 10/10/2014 Title: President					
Processed 10/10/2014 * Electronically provided signatures are accepted as original signatures.							