

No. C 157361		Due no later than Nov 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. BEEHIVE REHABILITATION AND COUNSELING, P.A. ERIC OLSON 320 B STREET SUITE 110 IDAHO FALLS ID 83402 USA		NANCY J MONSON 2900 ROLLANDET AVE IDAHO FALLS ID 83402			
						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	
SECRETARY	GARY SHENTON	320 B STREET SUITE 110	IDAHO FALLS	ID	USA	83402	
PRESIDENT	ERIC OLSON	320 B STREET SUITE 110	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID C 157361		6. Annual Report must be signed.* Signature: Eric Olson Name (type or print): Eric Olson					
		Date: 09/17/2014 Title: Owner/Director					
Processed 09/17/2014		* Electronically provided signatures are accepted as original signatures.					