No. C 191582		Due no later than Jun 30, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEADOWLAND THERAPY, INC. VIRGIL LARSON 4881 CLOVER DELL RD CHUBBUCK ID 83202		RICHARD LEMON 1033 W QUINN RD POCATELLO ID 83202 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
2000		ess Addresses o	f President, Secretary, and Directors. Tr	reasurer (optional).			
Office Held N	Name		Street or PO Address		City	State	Country	Postal Code
The state of the s	TROY BELL RICHARD LEMON		4881 CLOVER DELL RD 1033 W QUINN RD		CHUBBUCK POCATELLO	ID ID	USA USA	83202 83202
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE C 191582		Signature: Troy Bell Name (type or print): Troy Bell			Date: 08/06/2018 Title: Officer			
Processed 08/06/2018	* Electronically provided signatures are accepted as original signatures.							