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| No. C 142099 | | Due no later than Jan 31, 2008 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. THERAPEUTIC ASSOCIATES, INC. DAVID R KLEMETSON 7100 FORT DENT WAY SUITE 220 SEATTLE WA 98188 | | CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 | | | |
| | | | | 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 | |
| DIRECTOR | STEPHEN E ANDERSON | 7100 FORT DENT WAY SUITE 220 | SEATTLE | WA | USA | 98188 | |
| SECRETARY | KELLY REED | 7100 FORT DENT WAY SUITE 220 | SEATTLE | WA | USA | 98188 | |
| 5. Organized Under the Laws of: CA C 142099 | | 6. Annual Report must be signed.* Signature: David R Klemetson Name (type or print): David R Klemetson Date: 12/05/2007 Title: Director of Finance | | | | | |
| Processed 12/05/2007 | | * Electronically provided signatures are accepted as original signatures. | | | | | |