

No. C 125925	Due no later than Oct 31, 2012 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. HORIZON THERAPY SERVICES, INC. JOYCE TVRDY 451 EASTLAND DR. SUITE 7 TWIN FALLS ID 83301 USA		JOYCE TVRDY 451 EASTLAND DRIVE, SUITE 7 TWIN FALLS ID 83301			
			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	JOYCE E TVRDY	451 EASTLAND DR. SUITE 7	TWIN FALLS	ID	USA	83301
PRESIDENT	AUDREY L HASSANI	451 EASTLAND DRIVE, SUITE 7	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 125925	6. Annual Report must be signed.* Signature: Joyce Tvrdy Name (type or print): Joyce Tvrdy		Date: 08/13/2012 Title: Office Manager			
Processed 08/13/2012		* Electronically provided signatures are accepted as original signatures.				