No. <b>C 206158</b>		Due no later than Jun 30, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BETH A KAPPES			
SECRETARY OF STATE	1. Mailin	g Address: Correct in this box if needed.	13195 N DECHAMBEAU WAY BOISE ID 83714-9429				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BENEFICIA 13195 N D	BENEFICIAL CONNECTIONS THERAPY SERVICES, INC BENEFICIAL CONNECTIONS THERAPY SERVICES, INC 13195 N DECHAMBEAU WAY BOISE ID 83714-9429		3. New Registered Agent Signature:*			
NO FILING FEE IF	USA			_			
RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	siness Addresse	s of President, Secretary, and Directors. Treasurer	(optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR BETH ANI	IE KAPPES	13195 N. DECHAMBEAU WAY	BOISE	ID	USA	83714-9429	
SECRETARY BETH AND	IE KAPPES	13195 N DECHAMBEAU WAY	BOISE	ID	USA	83714-9429	
PRESIDENT BETH ANI	IE KAPPES	13195 N. DECHAMBEAU WAY	BOISE	ID	USA	83714-9429	
5. Organized Under the Laws of:	6. Annual Re	6. Annual Report must be signed.*					
ID	Signature	: Beth A Kappes	Date: 04/29/2017				
C 206158	Name (ty	oe or print): Beth A Kappes	Title: President				
Processed 04/29/2017	* Electronica	lly provided signatures are accepted as original sigr	natures.				