

No. C 165319

Due no later than February 29, 2008

Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PB THERAPY SERVICES, INC.
2967 E STATE ST #120
PMB #155
EAGLE, ID 83616-6228

2. Registered Agent and Office NO PO BOX

ENTITY SERVICES INC
1101 W RIVER ST #340
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT/ DIRECTOR	HARVEY D BABENDURE	2967 E. STATE ST. #120 PMB 155	EAGLE, ID		83616
SECRETARY/ DIRECTOR	PATRICIA L BABENDURE	2967 E. STATE ST. #120 PMB 155	EAGLE, ID		83616

5. Organized Under the Laws of:
IDAHO
C 165319

6.

Signature

Date

1/24/08

Name

(Typed or
Printed)

HARVEY D. BABENDURE

Title

PRESIDENT

Issued 12/03/2007

Do Not Tape or Staple

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