


No. C 86980	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX ANITA L LECCESF PT 927 W MYRTLE 203 W. Fort St. BOISE ID 83702		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct THERAPY SOURCE, P.A. (THE) ANITA L LECCESE, PT 203 W FORT ST BOISE ID 83702		3. Organized Under the Laws of: ID C 86980		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Anita Leccese	203 W. Fort St.	Boise	ID	83702
5. Signature of New Registered Agent <div style="font-size: 2em; font-family: cursive;">NIA</div>		6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Signature  Name (Typed or Printed) Anita L. Leccese </div> <div style="width: 40%;"> Date 7-22-99 Title Owner/President </div> </div>			

ISSUED: 07-03-1999

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