

No. C 155873	Due no later than August 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable  THERAPY FOR LIFE, P.A. PO BOX 354 IONA, ID 83427		BRAD ARCHIBALD 4893 E CAMAS CREEK CIRCLE IONA, ID 83427		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	3. <u>New Registered Agent Signature</u>				
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>
Owner	Brad Archibald	PO Box 354	Iona	ID	83427
5. Organized Under the Laws of:	6. Signature <u>Brad Archibald</u> Date <u>6-10-07</u> Name <small>(typed or printed)</small> <u>Brad Archibald</u> Title <u>owner</u>				
IDAHO C 155873					