No. <b>W 101117</b>		Due	2. Registered	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MOUNTAIN VIEW THERAPY SOLUTIONS, LLC  MALLORIE B COSTNER  PO BOX 497  DRIGGS ID 83422  USA			MALLORIE COSTNER 310 FOREST VIEW DRIVE DRIGGS ID 83422  3. New Registered Agent Signature:*			
				DRIGGS ID				
				or <u>item</u> Region				
4. Limited Liability Compar	nies: Enter Nam	es and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	JORDAN S COSTNER MALLORIE B COSTNER		310 FOREST VIEW DRIVE 310 FOREST VIEW DRIVE PO BOX	DRIGGS 497 DRIGGS	ID ID	USA USA	83422 83422	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mall		Date: 03/20/2013				
W 101117		Name (type or		Title: Owner, Manager				
			ovided signatures are accepted as original					