| No. C 135174 | | D | ue no later than Aug 31, 2016 | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|--|-------------------------|---|---------|-------------|--|
| Return to: | |] | BRIAN LANE | BRIAN LANE OLSON | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. 3750 FOUNDERS POINTE DRIVE IDAHO FALLS ID 83406 | | | | | | |
| | | PEAKS TO PLAINS THERAPY SERVICES, P.A. BRIAN LANE OLSON 3750 FOUNDERS POINTE DRIVE | | | | | | |
| | | IDAHO FALLS ID 83406 | | 3. <u>New</u> Registere | 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| 4. Corporations: Ente | r Names and Busin | ess Addresses o | f President, Secretary, and Directors. Treas | urer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT BRIAN L OLS | | SON | 3750 FOUNDERS POINTE DRIVE | IDAHO FALLS | ID | USA | 83406 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Brian Olson | | | Date: 07/13/2016 | | | |
| C 135174 | | Name (type or print): Brian Olson | | | Title: President | | | |
| Processed 07/13/2010 | ocessed 07/13/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |