

No. <b>W 65290</b>		<b>Due no later than Aug 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MOSCOW PULLMAN THERAPY LLC GREGORY T LARSON 3971 DARBY RD MOSCOW ID 83843 USA		GREGORY LARSON 3971 DARBY RD MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name GREGORY LARSON	Street or PO Address 3971 DARBY RD		City MOSCOW	State ID	Country USA	Postal Code 83843
5. Organized Under the Laws of:  <b>ID</b> <b>W 65290</b>		6. Annual Report must be signed.*  Signature: Gregory Larson Name (type or print): Gregory Larson  Date: 06/26/2011 Title: Member					
Processed 06/26/2011      * Electronically provided signatures are accepted as original signatures.							