

No. C 81808	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX												
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 CENTER, INC. (THE) MYRNA HALVERSON PO BOX 787 PAUL ID 83347		MYRNA HALVERSON 219 N. MAIN PAUL ID 83347 3. Organized Under the Laws of: ID C 81808												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Myrna Halverson</td> <td>251 N. Meridian</td> <td>Rupert</td> <td>ID</td> <td>83350</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Myrna Halverson	251 N. Meridian	Rupert	ID	83350
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Myrna Halverson	251 N. Meridian	Rupert	ID	83350										
5. Signature of New Registered Agent	6. <table border="0"> <tr> <td>Signature</td> <td><i>Myrna Halverson</i></td> <td>Date</td> <td><i>7-23-99</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><i>Myrna Halverson</i></td> <td>Title</td> <td><i>Owner</i></td> </tr> </table>			Signature	<i>Myrna Halverson</i>	Date	<i>7-23-99</i>	Name (Typed or Printed)	<i>Myrna Halverson</i>	Title	<i>Owner</i>				
Signature	<i>Myrna Halverson</i>	Date	<i>7-23-99</i>												
Name (Typed or Printed)	<i>Myrna Halverson</i>	Title	<i>Owner</i>												

ISSUED: 07-03-1999

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