

No. C 118036

Due no later than January 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

NANCY HARRIS
~~445 5TH AVE. WEST~~
JEROME, ID 83338

414 N
Lincoln,
Suite 5

3. New Registered Agent Signature

Return to:
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 applicable

VALLEY THERAPY SERVICES, INC.
NANCY HARRIS
~~445 5TH AVE W~~
JEROME, ID 83338

414 N Lincoln,
Suite 5

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

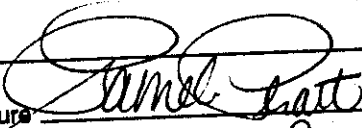
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Nancy L. Harris	30 So 350 W	Jerome	ID	83338
Vice-Pres	Don L. Harris	30 So 350 W	Jerome	ID	83338
Sec/Treas	Pamela Pratt	443 Bluebell Ave.	Twin falls	ID	83301

5. Organized Under the Laws of:
IDAHO
C 118036

6.

Signature

Name (Typed or Printed)


Pamela Pratt

Date 11-8-06

Title Sec/Treas