

No. W 72286		Due no later than Mar 31, 2015		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. PNHB, LLC PB THERAPY SERVICES INC 2976 E STATE ST #120 PMB#155 EAGLE ID 83616		ENTITY SERVICES, INC. 1101 W RIVER ST #340 BOISE 83702	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	PB THERAPY SERVICES INC	2976 E STATE ST #120 PMB#155	EAGLE	ID	83616
5. Organized Under the Laws of: ID W 72286		6. Annual Report must be signed.* Signature: Harvey D Babendure Name (type or print): Harvey D Babendure Date: 02/09/2015 Title: President PB Therapy Services			
Processed 02/09/2015		* Electronically provided signatures are accepted as original signatures.			