No. **C 116232**	**Due no later than Aug 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PREMIER THERAPY ASSOCIATES, INC. MATTHEW STEVENS 3042 OAKWOOD CIRCLE AMMON ID 83406	MATTHEW STEVENS 1830 HEATHER LN IDAHO FALLS ID 83406 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	CATHERINE STEVENS	1831 S FOOTHILL	AMMON	ID	USA	83406
DIRECTOR	MATTHEW STEVENS	1831 S FOOTHILL	AMMON	ID	USA	83406
SECRETARY	CATHERINE STEVENS	1831 S FOOTHILL	AMMON	ID	USA	83406
PRESIDENT	MATTHEW STEVENS	1831 S FOOTHILL	AMMON	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 116232**	Signature: Matt Stevens	Date: 06/10/2009
	Name (type or print): Matt Stevens	Title: President

Processed 06/10/2009

* Electronically provided signatures are accepted as original signatures.