

No. C 155873		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. THERAPY FOR LIFE, P.A. BRAD T ARCHIBALD PO BOX 354 IONA ID 83427 USA		BRAD ARCHIBALD 4893 E CAMAS CREEK CIRCLE IONA ID 83427			
				3. <u>New</u> 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	
PRESIDENT	BRAD T ARCHIBALD	P.O.BOX 354	IONA	ID	USA	83427	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 155873		Signature: Brad Archibald			Date: 08/06/2009		
		Name (type or print): Brad Archibald			Title: Owner/occupational Therapist		
Processed 08/06/2009		* Electronically provided signatures are accepted as original signatures.					