No. W 72466	Due no later than Mar 31, 2016 2. Registered Agent and Addres			ddress (NO I	PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Annual Report Form 1. Mailing Address: Correct in this box if needs PROGRESSIVE THERAPY SERVICES, PLLC	AMANDA FAYE ECK 2175 N 45TH E IDAHO FALLS ID 83401				
PO BOX 83720 BOISE, ID 83720-0080	AMANDA FAYE ECK 2175 N 45TH E IDAHO FALLS ID 83401	3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 AMANDA MEMBER CODY EC	FAYE ECK 2175 N 45TH E K 2175 N. 45TH E.	IDAHO FALLS IDAHO FALLS	ID ID	USA	83401 83401	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Amanda Faye Eck Date: 04/19/2016					
W 72466	Name (type or print): Amanda Faye Eck		Title: Manager			
Processed 04/19/2016	* Electronically provided signatures are accepted as original signatures.					