

No. W 72466	Due no later than Mar 31, 2014 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. PROGRESSIVE THERAPY SERVICES, PLLC AMANDA FAYE ECK 2175 N 45TH E IDAHO FALLS ID 83401 USA		AMANDA FAYE ECK 2175 N 45TH E IDAHO FALLS ID 83401			
			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	AMANDA FAYE ECK	2175 N 45TH E	IDAHO FALLS	ID	USA	83401
MEMBER	CODY ECK	2175 N. 45TH E.	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 72466	6. Annual Report must be signed.* Signature: Amanda Faye Eck Name (type or print): Amanda Faye Eck		Date: 04/14/2014 Title: Manager			
Processed 04/14/2014		* Electronically provided signatures are accepted as original signatures.				