




No. <b>C 152964</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/26/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MICHAEL SPERO 8024 SCARDALE CT BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> THERAPY EXPRESS PA 8024 SCARDALE CT BOISE ID 83704		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.  

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Michael Spero	8024 Scardale	Boise	ID	USA	83704
Vice Pres	Melissa Spero	same				

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>C 152964</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>6/17/15</u> </td> </tr> <tr> <td>           Name (type or print): <u>Michael Spero</u> </td> <td>           Title: <u>President</u> </td> </tr> </table>	Signature: 	Date: <u>6/17/15</u>	Name (type or print): <u>Michael Spero</u>	Title: <u>President</u>
Signature: 	Date: <u>6/17/15</u>				
Name (type or print): <u>Michael Spero</u>	Title: <u>President</u>				

Issued 06/17/2015 by JLI

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM