

No. C 152964	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015			2. Registered Agent and Office (NOT A P.O. BOX) 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. Mailing Address: Correct in this box if needed. THERAPY EXPRESS PA 8024 SCARDALE CT BOISE ID 83704					
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.		
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 Via FAX	Michael Spero Melissa Spero	8024 Scardale 5am	Boise	ID	USA	83704
5. Organized Under the Laws of:		6.				
IDAHO C 152964		 Signature: Name (type or print): <u>Michael Spero</u>				
		Date: <u>6/17/15</u> Title: <u>President</u>				
Issued 06/17/2015 by JL1						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM