| No. W 81468 | Due | Due no later than Feb 28, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------------------------|---|------------------|---|--------------|-------------|--|--|
| Return to: | | Annual Report Form | | CHRISTINE M DICKENS | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | | 1. Mailing Address: Correct in this box if needed. IDAHO THERAPY SOURCE, PLLC CHRISTINE M DICKENS 1812 N MIDLAND BLVD NAMPA ID 83651 USA | | 10984 W BOX CANYON ST STAR ID 83669 | | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | CHRISTINE M | | | | | | | |
| | NAMPA ID 83 | | | 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | | |
| 4. Limited Liability Companies: Enter | Names and Addresses | s of at least one Member or Manager. | | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | | |
| MANAGER CHRISTIN | E M DICKENS | 10984 W BOX CANYON ST | STAR | ID | USA | 83669 | | |
| 5. Organized Under the Laws of: | 6. Annual Report | must be signed.* | | | | | | |
| ID | Signature: Christine Dickens | | Date: 02/27/2011 | | | | | |
| W 81468 | Name (type or | Name (type or print): Christine Dickens | | | Title: Owner | | | |
| Processed 02/27/2011 | * Electronically pro | * Electronically provided signatures are accepted as original signatures. | | | | | | |