

No. C 116232		Due no later than Aug 31, 2012 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. PREMIER THERAPY ASSOCIATES, INC. MATTHEW STEVENS 3042 OAKWOOD CIRCLE AMMON ID 83406		MATTHEW STEVENS 1831 S FOOTHILL AMMON ID 83406			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CATHERINE STEVENS	1831 S FOOTHILL	AMMON	ID	USA	83406	
DIRECTOR	MATTHEW STEVENS	1831 S FOOTHILL	AMMON	ID	USA	83406	
SECRETARY	CATHERINE STEVENS	1831 S FOOTHILL	AMMON	ID	USA	83406	
PRESIDENT	MATTHEW STEVENS	1831 S FOOTHILL	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID C 116232		6. Annual Report must be signed.* Signature: Matthew Stevens Name (type or print): Matthew Stevens					
		Date: 06/18/2012 Title: President					
Processed 06/18/2012		* Electronically provided signatures are accepted as original signatures.					